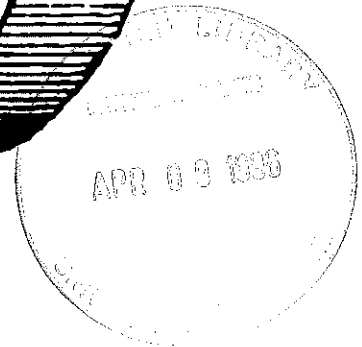
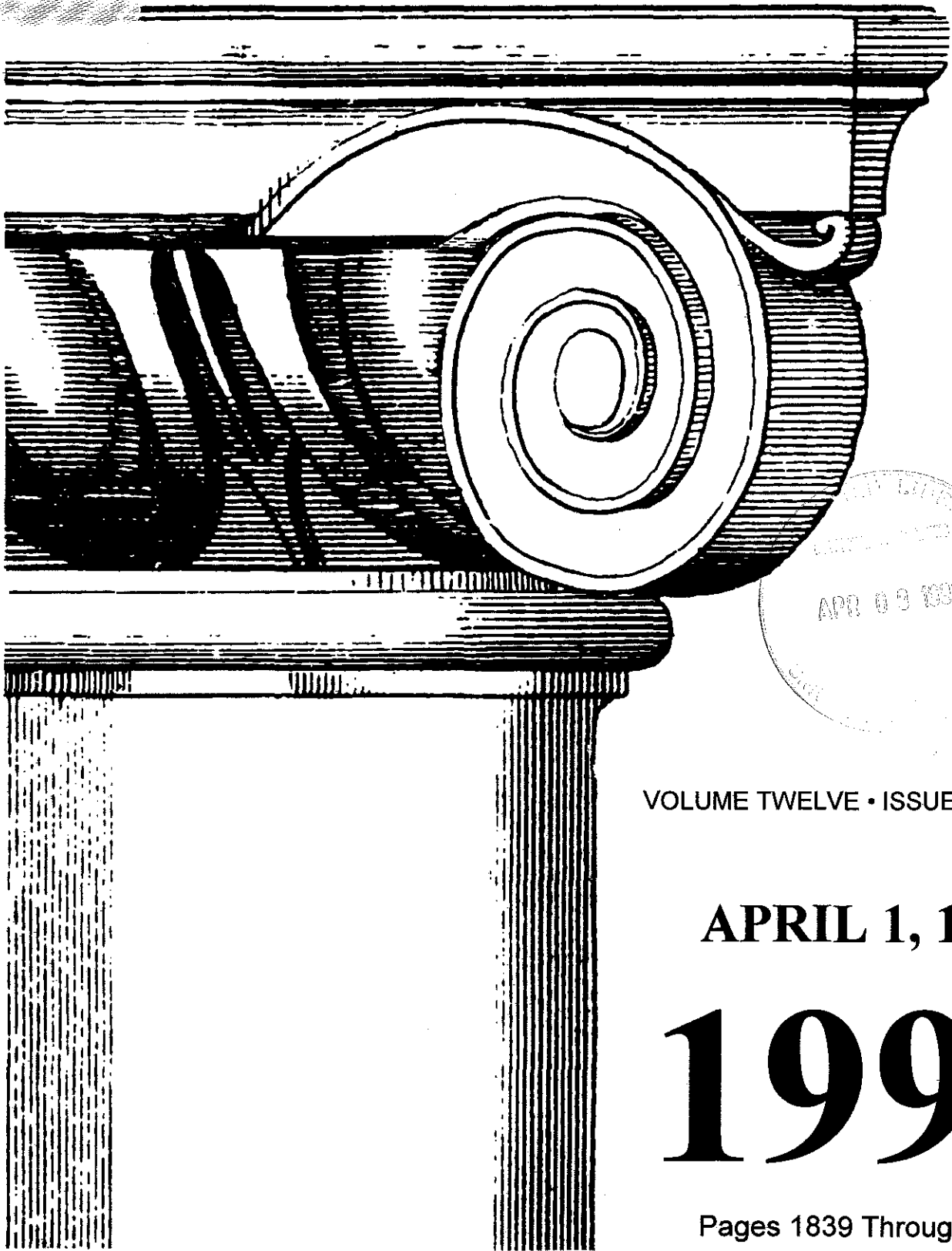


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THE VIRGINIA REGISTER

OF REGULATIONS

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APRIL 1, 1996

1996

Pages 1839 Through 1964

The *Virginia Register* is an official state publication issued every other week throughout the year. Indexes are published quarterly, and the last index of the year is cumulative. The *Virginia Register* has several functions. The new and amended sections of regulations, both as proposed and as finally adopted, are required by law to be published in *The Virginia Register of Regulations*. In addition, the *Virginia Register* is a source of other information about state government, including all emergency regulations and executive orders issued by the Governor, the *Virginia Tax Bulletin* issued periodically by the Department of Taxation, and notices of public hearings and open meetings of state agencies.

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

An agency wishing to adopt, amend, or repeal regulations must first publish in the *Virginia Register* a notice of intended regulatory action; a basis, purpose, substance and issues statement; an economic impact analysis prepared by the Department of Planning and Budget; the agency's response to the economic impact analysis; a summary; a notice giving the public an opportunity to comment on the proposal; and the text of the proposed regulation.

Following publication of the proposal in the *Virginia Register*, the promulgating agency receives public comments for a minimum of 60 days. The Governor reviews the proposed regulation to determine if it is necessary to protect the public health, safety and welfare, and if it is clearly written and easily understandable. If the Governor chooses to comment on the proposed regulation, his comments must be transmitted to the agency and the Registrar no later than 15 days following the completion of the 60-day public comment period. The Governor's comments, if any, will be published in the *Virginia Register*. Not less than 15 days following the completion of the 60-day public comment period, the agency may adopt the proposed regulation.

The appropriate standing committee of each branch of the General Assembly may meet during the promulgation or final adoption process and file an objection with the Registrar and the promulgating agency. The objection will be published in the *Virginia Register*. Within 21 days after receipt by the agency of a legislative objection, the agency shall file a response with the Registrar, the objecting legislative committee, and the Governor.

When final action is taken, the agency again publishes the text of the regulation as adopted, highlighting all changes made to the proposed regulation and explaining any substantial changes made since publication of the proposal. A 30-day final adoption period begins upon final publication in the *Virginia Register*.

The Governor may review the final regulation during this time and, if he objects, forward his objection to the Registrar and the agency. In addition to or in lieu of filing a formal objection, the Governor may suspend the effective date of a portion or all of a regulation until the end of the next regular General Assembly session by issuing a directive signed by a majority of the members of the appropriate standing committees and the Governor. The Governor's objection or suspension of the regulation, or both, will be published in the *Virginia Register*. If the Governor finds that changes made to the proposed regulation have substantial impact, he may require the agency to provide an additional 30-day public comment period on the changes. Notice of the additional public comment period required by the Governor will be published in the *Virginia Register*.

The agency shall suspend the regulatory process for 30 days when it receives requests from 25 or more individuals to solicit additional public comment, unless the agency determines that the changes have minor or inconsequential impact.

A regulation becomes effective at the conclusion of the 30-day final adoption period, or at any other later date specified by the promulgating agency, unless (i) a legislative objection has been filed, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration

of the 21-day extension period; (ii) the Governor exercises his authority to require the agency to provide for additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the period for which the Governor has provided for additional public comment; (iii) the Governor and the General Assembly exercise their authority to suspend the effective date of a regulation until the end of the next regular legislative session; or (iv) the agency suspends the regulatory process, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the 30-day public comment period.

Proposed regulatory action may be withdrawn by the promulgating agency at any time before the regulation becomes final.

EMERGENCY REGULATIONS

If an agency demonstrates that (i) there is an immediate threat to the public's health or safety; or (ii) Virginia statutory law, the appropriation act, federal law, or federal regulation requires a regulation to take effect no later than (a) 280 days from the enactment in the case of Virginia or federal law or the appropriation act, or (b) 280 days from the effective date of a federal regulation, it then requests the Governor's approval to adopt an emergency regulation. The emergency regulation becomes operative upon its adoption and filing with the Registrar of Regulations, unless a later date is specified. Emergency regulations are limited to addressing specifically defined situations and may not exceed 12 months in duration. Emergency regulations are published as soon as possible in the *Register*.

During the time the emergency status is in effect, the agency may proceed with the adoption of permanent regulations through the usual procedures. To begin promulgating the replacement regulation, the agency must (i) deliver the Notice of Intended Regulatory Action to the Registrar in time to be published within 60 days of the effective date of the emergency regulation; and (ii) deliver the proposed regulation to the Registrar in time to be published within 180 days of the effective date of the emergency regulation. If the agency chooses not to adopt the regulations, the emergency status ends when the prescribed time limit expires.

STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 (§ 9-6.14:7.1 et seq.) of Chapter 1.1:1 of the Code of Virginia be examined carefully.

CITATION TO THE VIRGINIA REGISTER

The *Virginia Register* is cited by volume, issue, page number, and date. **12:8 VA.R. 1096-1106 January 8, 1996**, refers to Volume 12, Issue 8, pages 1096 through 1106 of the *Virginia Register* issued on January 8, 1996.

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Staff of the Virginia Register: E. M. Miller, Jr., Acting Registrar of Regulations; Jane D. Chaffin, Assistant Registrar of Regulations.

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By Noon Wednesday**

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† Indicates entries since last publication of the *Virginia Register*

DEPARTMENT OF CORRECTIONAL EDUCATION

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Correctional Education intends to consider promulgating regulations entitled: **6 VAC 10-10-10 et seq. Public Participation Guidelines.** The purpose of the proposed action is to provide interested parties with the means to request the development, amendment or repeal of a regulation. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 9-6.14:7.1 and 22.1-343 of the Code of Virginia.

Public comments may be submitted until April 5, 1996.

Contact: Mark Monson, Budget Manager, Department of Correctional Education, James Monroe Bldg., 101 N. 14th St., 7th Floor, Richmond, VA 23219-3678, telephone (804) 225-3310, FAX (804) 225-3255, or (804) 371-8467/TDD ☒

VA.R. Doc. No. R96-219; Filed February 13, 1996, 11:49 a.m.

DEPARTMENT OF HEALTH (STATE BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Health intends to consider amending regulations entitled: **12 VAC 5-90-10 et seq. Regulations for Disease Reporting and Control.** The purpose of the proposed action is to add a new section addressing HIV testing protocol for gamete donors to comply with Chapter 519 of the 1995 Virginia Acts of Assembly (§§ 32.1-45.3 and 54.1-2971.1 of the Code of Virginia). The proposed amendment will address such testing and the rejection of ova and sperm of donors who test HIV positive prior to the use of such gametes for treating infertility. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 32.1-45.3 of the Code of Virginia.

Public comments may be submitted until April 4, 1996.

Contact: Casey W. Riley, Director, Bureau of STD/AIDS, Department of Health, P.O. Box 2448, Room 112, Richmond, VA 23218, telephone (804) 225-4844 or FAX (804) 225-3517.

VA.R. Doc. No. R96-218; Filed February 13, 1996, 10:29 a.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Health intends to

consider amending regulations entitled: **12 VAC 5-220-10 et seq. Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations.** The purpose of the proposed action is to establish a new application review process for certificate of public need proposals involving the establishment of new nursing homes or the addition of beds to existing nursing homes. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 32.1-102.2 of the Code of Virginia.

Public comments may be submitted until April 4, 1996.

Contact: Wendy V. Brown, Project Review Manager, Office of Resources Development, Department of Health, 1500 E. Main St., Suite 105, Richmond, VA 23219, telephone (804) 786-7463 or FAX (804) 786-6776.

VA.R. Doc. No. R96-216; Filed February 13, 1996, 10:29 a.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Health intends to consider amending regulations entitled: **12 VAC 5-360-10 et seq. Virginia State Medical Facilities Plan: Nursing Home Services.** The purpose of the proposed action is to amend the project review standards for nursing home certificate of public need applications to specify the need projection methods to be used in the new application review process established in 12 VAC 5-220-10 et seq., Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 32.1-102.2 of the Code of Virginia.

Public comments may be submitted until April 4, 1996.

Contact: Wendy V. Brown, Project Review Manager, Office of Resources Development, Department of Health, 1500 E. Main St., Suite 105, Richmond, VA 23219, telephone (804) 786-7463 or FAX (804) 786-6776.

VA.R. Doc. No. R96-217; Filed February 13, 1996, 10:29 a.m.

BOARDS OF NURSING AND MEDICINE

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Boards of Nursing and Medicine intend to consider amending regulations entitled: **18 VAC 90-40-10 et seq. Regulations for Prescriptive Authority for Nurse Practitioners.** The purpose of the proposed action is to implement editorial amendments recommended by the regulatory review pursuant to Executive Order 15(94) and consider changes to 18 VAC 90-40-100 requiring monthly site

Notices of Intended Regulatory Action

visits and chart review. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 54.1-2400 and 54.1-2957.01 of the Code of Virginia.

Public comments may be submitted until April 17, 1996.

Contact: Nancy Durrett, Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909, FAX (804) 662-9943, or (804) 662-7197/TDD ☎

VA.R. Doc. No. R96-245; Filed February 28, 1996, 11:34 a.m.

BOARD OF PSYCHOLOGY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Psychology intends to consider amending regulations entitled: **18 VAC 125-20-10 et seq. Regulations Governing the Practice of Psychology.** The purpose of the proposed action is to consider an increase in fees for licensees as required by statutory mandate in order to cover expenses of administering its regulatory program. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 54.1-113 and 54.1-2400 of the Code of Virginia.

Public comments may be submitted until April 17, 1996.

Contact: Evelyn B. Brown, Executive Director, Board of Psychology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9913, FAX (804) 662-9943, or (804) 662-7197/TDD ☎

VA.R. Doc. No. R96-244; Filed February 28, 1996, 11:34 a.m.

VIRGINIA WASTE MANAGEMENT BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Waste Management Board intends to consider promulgating regulations entitled: **9 VAC 20-160-10 et seq. Voluntary Remediation.** The purpose of this proposal is to promulgate voluntary remediation regulations to remain consistent with Chapters 609 and 622 of the 1995 Acts of Assembly, which established a voluntary remediation program in Virginia. The adopted legislation added §§ 10.1-1429.1 through 10.1-1429.3 to the Code of Virginia.

Basis and Statutory Authority: The basis for this proposed regulatory action is § 10.1-1429.1 of the Code of Virginia. Specifically, § 10.1-1429.1 A requires the Virginia Waste Management Board (Board) to promulgate regulations to allow persons who own, operate, have a security interest in or enter into a contract for the purchase of contaminated

property to voluntarily remediate releases of hazardous substances, hazardous waste, solid waste or petroleum.

Need: The promulgation of these regulations is required § 10.1-2439.1 A of the Code of Virginia.

Subject Matter and Intent: The board proposes to create Voluntary Remediation Regulations. The regulations will establish standards and procedures for persons conducting voluntary remediation at sites where remediation has not been clearly mandated by the Environmental Protection Agency, the department, or a court pursuant to the Comprehensive Environmental Response and Liability Act (42 U.S.C. § 9601 et seq.), the Resource Conservation and Recovery Act (42 U.S.C. 6901 et seq.), the Virginia Waste Management Act (§ 10.1-1400 et seq.), the State Water Control Law (§ 62.1-44.2 et seq.), or other applicable statutory or common law or where the jurisdiction of those statutes has been waived. The regulations shall provide for:

1. The establishment of methodologies to determine site specific risk-based remediation standards.
2. The establishment of procedures that minimize delay and expense of the remediation, to be followed by a person volunteering to remediate a release and by the department in the processing of submissions and overseeing remediation.
3. The issuance of certifications of satisfactory completion of remediation, based on then-present conditions and available information, where voluntary cleanup achieves applicable cleanup standards or where the department determines that no further action is required.
4. Procedures to waive or expedite issuance of any permits required to initiate and complete a voluntary cleanup consistent with applicable federal law.
5. Registration fees to be collected from persons conducting voluntary remediation to defray the actual reasonable costs of the voluntary remediation program expended at the site not to exceed the lesser of \$5,000 or one percent of the cost of the remediation.

Estimated Impacts: The intent of the proposed regulations is to provide a program that allows persons to voluntarily clean up property and to obtain a certification from DEQ that no further action is required once the property has attained applicable cleanup standards. These applicable standards would be developed through the regulations based on concern about human health and the environment and the available technology for cleanup. The department will solicit comments from the public regarding the economic impact of the regulations.

Alternatives: The board is required to promulgate Voluntary Remediation Regulations pursuant to § 10.1-1429.1 of the Code of Virginia. The regulations can be developed using presumptive standards, performance standards, risk based standards, and/or other alternative approaches. Comments made during the NOIRA process will be considered during the drafting of the regulations.

Comments: The department seeks oral and written comments from interested persons on the intended regulatory action.

Notices of Intended Regulatory Action

Written comments should be submitted to Dr. Wladimir Gulevich, Office of Technical Assistance, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-1009, (804) 762-4218, TDD (804) 762-4021, Fax (804) 762-4224.

Intent to Hold a Public Hearing: The board intends to hold at least one public hearing on this proposed action after it is published in the Virginia Register of Regulations.

Statutory Authority: § 10.1-1429 of the Code of Virginia.

Public comments may be submitted until April 20, 1996.

Contact: Dr. Wladimir Gulevich, Office of Technical Assistance, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-0009, telephone (804) 762-4218, FAX (804) 762-4224, or (804) 762-4021/TDD ☎

VA.R. Doc. No. R96-208; Filed January 31, 1996, 11:47 a.m.

PUBLIC COMMENT PERIODS - PROPOSED REGULATIONS



PUBLIC COMMENT PERIODS REGARDING STATE AGENCY REGULATIONS

Effective July 1, 1995, publication of notices of public comment periods in a newspaper of general circulation in the state capital is no longer required by the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia). Chapter 717 of the 1995 Acts of Assembly eliminated the newspaper publication requirement from the Administrative Process Act. In *The Virginia Register of Regulations*, the Registrar of Regulations has developed this section entitled "Public Comment Periods - Proposed Regulations" to give notice of public comment periods and public hearings to be held on proposed regulations. The notice will be published once at the same time the proposed regulation is published in the Proposed Regulations section of the *Virginia Register*. The notice will continue to be carried in the Calendar of Events section of the *Virginia Register* until the public comment period and public hearing date have passed.

Notice is given in compliance with § 9-6.14:7.1 of the Code of Virginia that the following public hearings and public comment periods regarding proposed state agency regulations are set to afford the public an opportunity to express their views.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

May 16, 1996 - 9:30 a.m. -- Public Hearing
Department of Health Professions, 6606 West Broad Street,
5th Floor, Richmond, Virginia.

June 1, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Audiology and Speech-Language Pathology intends to amend regulations entitled: **18 VAC 30-20-10 et seq. Regulations of the Board of Audiology and Speech-Language Pathology.** The board proposes to lower its fees for initial applications for licensure, verifications and renewal of licensure.

Statutory Authority: §§ 54.1-113 and 54.1-2400 of the Code of Virginia.

Contact: Lisa J. Russell Hahn, Executive Director, Board of Audiology and Speech-Language Pathology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9111, FAX (804) 662-9943, or (804) 662-7197/TDD ☎

PROPOSED REGULATIONS

For information concerning Proposed Regulations, see Information Page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates proposed new text.
Language which has been stricken indicates proposed text for deletion.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Title of Regulation: 18 VAC 30-20-10 et seq. Regulations of the Board of Audiology and Speech-Language Pathology (amending 18 VAC 30-20-80, 18 VAC 30-20-90, and 18 VAC 30-20-100).

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public Hearing Date: May 16, 1996 - 9:30 a.m.

Public comments may be submitted until June 1, 1996.

(See Calendar of Events section for additional information)

Basis: Chapters 24 (§ 54.1-2400 et seq.) and 26 (§ 54.1-2600 et seq.) of the Code of Virginia provide the basis for these regulations. Chapter 24 establishes the general powers and duties of health regulatory boards including the power to set fees and the responsibility to promulgate regulations. Chapter 26 establishes the requirement for licensure and authorizes the board to promulgate regulations establishing standards or canons of ethics for those professions. Section 54.1-113 of the Code of Virginia requires the board to amend its fees when an analysis of the biennial report of revenues and expenses shows more than a 10% differential.

Purpose: The purpose of these amendments is to comply with the statutory requirement of § 54.1-113 for a reduction in fees which will eliminate the surplus in board funds and yet produce sufficient revenue to cover expenses for projected budgets.

Substance: Amendments are proposed in the following sections under Part III:

1. Application fees would be reduced from \$125 to \$100.
2. A fee for verification of licensure requests from other states would be reduced from \$50 to \$20.
3. Renewal fees would be reduced as follows:
For renewals due by December 31, 1996, the fee would be reduced from \$55 to \$20.
For renewals due by December 31, 1997, and thereafter, the fee would be reduced from \$55 to \$30.
4. The reinstatement of licensure fee for each year of expiration would be reduced from \$100 to \$50.

Issues:

Advantages for applicants and licensees:

1. There is a cost benefit to the applicant for whom licensure would be a less expensive process (application fee would be reduced from \$125 to \$100). Likewise, there would be a significant benefit to current licensees whose renewal fees would be reduced from \$55 to \$20

for '96-'97 in order to reduce the current surplus. Beginning in '97-'98, renewal fees would be reduced from the current level of \$55 to \$30.

2. There is also a cost benefit to a smaller number of individuals who must request verification of their Virginia licensure to another state. The current fee of \$50 is burdensome and not justifiable in terms of administrative costs for the transaction. Proposed regulations would reduce that fee from \$50 to \$25.

3. Persons who allow their license to lapse must currently pay all back renewal fees plus \$100 for each year of expiration. The fee is unnecessarily excessive and would be reduced to \$50 for each year of expiration under proposed regulations.

Advantage for the public: There may be an indirect advantage to the public. Since costs for initial licensure and for renewals of licensure would be significantly reduced, those reductions may be passed along to persons who utilize the professional services of an audiologist or a speech-language pathologist.

Disadvantages: There are no disadvantages of the proposed regulation to licensees or to the public.

Estimated Impact:

A. Approximate number of entities affected and their costs of compliance

Licensed audiologists: 318

Licensed speech-language pathologists: 1,473

Cost of Compliance: Proposed regulations would reduce costs to individuals applying for licensure or currently licensed by the board.

B. Costs to the agency for implementation: There will be minimal costs (less than \$1,000) to the agency for the promulgation of regulations, such as: mailing of notices to the public participation guidelines list, providing a public hearing on proposed regulations, and copying and mailing final regulations. The board will attempt to combine mailing notices and information on regulations with other required mailings and will hold its hearing during a regularly scheduled board meeting.

C. Costs to local governments: There will be no impact of these regulations on local government.

Department of Planning and Budget's Economic Impact Analysis:

The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with Section 9-6.14:7.1 G of the Administrative Process Act and Executive Order Number 13 (94). Section 9-6.14:7.1 G requires that such economic impact analyses include, but need not be limited to, the projected number of

Proposed Regulations

businesses or other entities to whom the regulation would apply; the identity of any localities and types of businesses or other entities particularly affected; the projected number of persons and employment positions to be affected; and the projected costs to affected businesses or entities to implement or comply with the regulation. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the Proposed Regulation

The proposed regulation reduces fees paid for the licensure of audiologists and speech-language pathologists in the Commonwealth of Virginia. The purpose of these fee reductions is to bring the Board of Audiology and Speech-Language Pathology into compliance with Section 54.1-113 of the Code of Virginia. Section 54.1-113 requires all regulatory boards under the Department of Health Professions to revise their fee schedules if, after the close of any biennium, there is a more than ten percent difference between revenues and expenses.

Estimated Economic Impact

The proposed regulation makes the following revisions to fees paid for licensure of audiologists and speech-language pathologists: application fees are reduced from \$125 to \$100, fees for the verification of out-of-state licenses are reduced from \$50 to \$20, renewal fees are reduced from \$55 currently to \$20 in FY 1997 and \$30 in FY 1998, reinstatement fees are reduced from \$100 to \$50.

It is the opinion of DPB that the proposed fee reductions will not have a significant influence on the number of audiologists and speech-language pathologists applying for licensure in the Commonwealth and, therefore, will have no economic impact. The total cost of licensure for these professionals includes, among other things, the expenses required to obtain a Master's degree from a college or university with an accredited program in audiology and speech-language pathology. Even in their entirety, the licensure fees make up such a small proportion of this total cost that any change in fees is unlikely to have an impact on the decision of individuals to enter or exit these professions. As a result, fee changes are unlikely to affect the number of individuals seeking licensure and, therefore, are unlikely to have economic consequences.

Projected Number of Businesses or Other Entities to Whom the Regulation will Apply

Although estimates are available of the number of professionals affected by this proposed regulation (see Projected Number of Persons and Employment Positions Affected below), estimates of the number of business employing these professionals are not available.

Localities and Types of Businesses Particularly Affected

No localities are particularly affected by this proposed regulation. The proposed regulation does particularly affect audiologists and speech-language pathologists seeking licensure by the Commonwealth.

Projected Number of Persons and Employment Positions Affected

According to estimates provided by the Board of Audiology and Speech-Language Pathology, the proposed regulation will affect the approximately 150 audiologists and speech-language pathologists who apply for licensure each year, as well as the approximately 1,735 audiologists and speech-language pathologists who apply for license renewal each year.

Projected Costs to Affected Businesses or Entities

The proposed regulation will reduce by \$25 the costs borne by individuals seeking licensure by the Commonwealth as an audiologist or speech-language pathologist, and by \$35 in FY 1997 and \$25 in FY 1998 the costs borne for license renewal by such professionals.

Agency's Response to Department of Planning and Budget's Economic Impact Analysis:

The board concurs in the analysis prepared by the Department of Planning and Budget.

Summary:

The proposed amendments reduce fees for initial licensure and for renewal or reinstatement of licensure.

18 VAC 30-20-80. Initial fees.

The following fees shall be paid as applicable for licensure:

1. Application for audiology or speech-language pathology license \$125. \$100
2. ~~Application for speech language pathology license~~ ~~\$125.~~
3. 2. Verification of licensure requests from other states \$50. \$20

18 VAC 30-20-90. Renewal fees.

The following annual fees shall be paid as applicable for license renewal:

1. Audiology or speech-language pathology license renewal \$55.
By December 31, 1996 \$20
By December 31, 1997, and thereafter \$30
2. ~~Speech language pathology license renewal~~ ~~\$55.~~

18 VAC 30-20-100. Reinstatement fee.

In addition to all back renewal fees, the following fee shall be paid for reinstatement of license for each year up to three years following expiration (see 18 VAC 30-20-160):

- Reinstatement fee per year of expiration \$100. \$50

VA.R. Doc. No. R96-267; Filed March 13, 1996, 11:28 a.m.

FINAL REGULATIONS

For information concerning Final Regulations, see Information Page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates new text. Language which has been stricken indicates text to be deleted. [Bracketed language] indicates a substantial change from the proposed text of the regulation.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

Title of Regulation: 13 VAC 5-60-10 et seq. Virginia Uniform Statewide Building Code, Volume I - New Construction Code/1993.

Statutory Authority: § 36-98 of the Code of Virginia.

Effective Date: May 15, 1996.

EDITOR'S NOTICE: The Department of Housing and Community Development has given notice in accordance with § 9-6.14:9.3 of the Code of Virginia that the effective date of 13 VAC 5-60-10 et seq., Virginia Uniform Statewide Building Code, Volume I - New Construction Code/1993, published in 12:11 VA.R. 1439-1459 February 19, 1996, is changed from April 1, 1996, to May 15, 1996.

Agency Contact: Norman R. Crumpton, Department of Housing and Community Development, 501 North Second Street, Richmond, VA 23219, telephone (804) 371-7170.

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

NOTICE: The Virginia Housing Development Authority is exempted from the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia); however, under the provisions of § 9-6.14:22, it is required to publish all proposed and final regulations.

Title of Regulation: 13 VAC 10-20-10 et seq. Rules and Regulations for Multi-Family Housing Developments (amending 13 VAC 10-20-10, 13 VAC 10-20-20, and 13 VAC 10-20-40).

Statutory Authority: § 36-55.30:3 of the Code of Virginia.

Effective Date: February 28, 1996.

Summary:

The amendments (i) require mortgage loan applicants to complete a previous participation certification; (ii) provide that, as part of the underwriting criteria, such applicant and other principal participants have a predisposition to regulatory compliance and will fully and properly perform all of their respective duties and obligations relating to the proposed multi-family housing development under law, regulation and the mortgage loan documents; and (iii) authorize the executive director to approve for good cause an increase in the income limits on certain of the units in a multi-family rental housing development from 115% to 150% of area median gross income.

Agency Contact: Copies of the regulation may be obtained from J. Judson McKellar, Jr., General Counsel, Virginia

Housing Development Authority, 601 South Belvidere Street, Richmond, VA 23220, telephone (804) 782-1986.

13 VAC 10-20-10. Purpose and applicability.

The following rules and regulations (13 VAC 10-20-10 et seq.) will be applicable to mortgage loans which are made or financed or are proposed to be made or financed by the authority to mortgagors to provide the construction or permanent financing, or both, of multi-family housing developments (including any such developments to be owned and operated on a cooperative basis) intended for occupancy by persons and families of low and moderate income ("development" or "developments"). This chapter shall be applicable to the making of such mortgage loans directly by the authority to mortgagors, the purchase of such mortgage loans, the participation by the authority in such mortgage loans with mortgage lenders and any other manner of financing of such mortgage loans under the Act. This chapter shall not, however, apply to any developments which are subject to any other rules and regulations adopted by the authority. If any mortgage loan is to provide either the construction or permanent financing (but not both) of a development, this chapter shall be applicable to the extent determined by the executive director to be appropriate for such financing. If any development is subject to federal mortgage insurance or is otherwise assisted or aided, directly or indirectly, by the federal government, the applicable federal rules and regulations shall be controlling over any inconsistent provision. Furthermore, if the mortgage loan on any development is to be insured by the federal government, the provisions of this chapter shall be applicable to such development only to the extent determined by the executive director to be necessary in order to (i) protect any interest of the authority which, in the judgment of the executive director, is not adequately protected by such insurance or by the implementation or enforcement of the applicable federal rules, regulations or requirements or (ii) to comply with the Act or fulfill the authority's public purpose and obligations thereunder. Developments shall include housing intended to be owned and operated on a cooperative basis. The term "construction," as used herein, shall include the rehabilitation, preservation or improvement of existing structures.

Mortgage loans may be made or financed pursuant to this chapter only if and to the extent that the authority has made or expects to make funds available therefor.

Notwithstanding anything to the contrary herein, the executive director is authorized with respect to any development to waive or modify any provision herein where deemed appropriated by him for good cause, to the extent not inconsistent with the Act and covenants and agreements with the holders of its bonds.

All reviews, analyses, evaluations, inspections, determinations and other actions by the authority pursuant to the provisions of this chapter shall be made for the sole and

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exclusive benefit and protection of the authority and shall not be construed to waive or modify any of the rights, benefits, privileges, duties, liabilities or responsibilities of the authority, the mortgagor, the contractor, or other members of the development team under the initial closing documents as described in 13 VAC 10-20-60.

This chapter is intended to provide a general description of the authority's processing requirements and not intended to include all actions involved or required in the processing and administration of mortgage loans under the authority's multi-family housing programs. This chapter is subject to change at any time by the authority and may be supplemented by policies, rules and regulations adopted by the authority from time to time with respect to any particular development or developments or any multi-family housing program or programs.

13 VAC 10-20-20. Income limits and general restrictions.

Under the authority's rules and regulations, to be eligible for occupancy of a multi-family dwelling unit, a person or family shall not have an adjusted family income (as defined therein) greater than (i) in the case of a multi-family dwelling unit for which the board has approved the mortgage loan prior to November 15, 1991, seven times the annual rent, including utilities except telephone, applicable to such dwelling unit; provided, however, that the authority's rules and regulations authorize its board to establish from time to time by resolution and by rules and regulations lower income limits for initial occupancy; or (ii) in the case of a multi-family dwelling unit for which the board has approved the mortgage loan on or after November 15, 1991, such percentage of the area median gross income as the board may from time to time establish by resolution or by rules and regulations for occupancy of such dwelling unit. In the case of a multi-family dwelling unit described in (i) above, the mortgagor and the authority may agree to apply an income limit established pursuant to (ii) above in lieu of the income limit set forth in (i) above. Income limits are established below in this chapter in addition to the limit set forth in (i) above and in implementation of the provisions of (ii) above.

In the case of developments for which the authority has agreed to permit the mortgagor to establish and change rents without the prior approval of the authority (as described in, and subject to the provisions of, 13 VAC 10-20-100 and 13 VAC 10-20-130), at least 20% of the units in each such development shall be occupied or held available for occupancy by persons and families whose adjusted family incomes (at the time of their initial occupancy) do not exceed 80% of the area median gross income as determined by the authority, and the remaining units shall be occupied or held available for occupancy by persons and families whose adjusted family incomes (at the time of their initial occupancy) do not exceed (i) in the case of units for which the board has approved the mortgage loan prior to November 15, 1991, 150% of such area median gross income as so determined or (ii) in the case of units for which the board has approved the mortgage loan on or after November 15, 1991, 115% of such area median gross income as so determined (or, upon approval of the executive director for good cause, for all or some of the remaining units, 150% of area median gross income as so determined). The income limits applicable to

persons and families at the time of reexamination and redetermination of their adjusted family incomes and eligibility subsequent to their initial occupancy shall be ~~as set forth in (i) or (ii), as applicable, in the preceding sentence (or, in the case of units described in (i) in the preceding sentence, such lesser income limit equal to seven times the annual rent, including utilities except telephone, applicable to such dwelling units)~~, in the case of units for which the board has approved the mortgage loan prior to November 15, 1991, 150% of such area median gross income as so determined (or, unless otherwise agreed by the mortgagor and the authority, such lesser income limit equal to seven times the annual rent, including utilities except telephone, applicable to such units) or shall be, in the case of units for which the board has approved the mortgage loan on or after November 15, 1991, 115% of such area median gross income as so determined (or 150% of such area median gross income as so determined, if approved by the executive director as an income limit for all or some of such units pursuant to clause (ii) in the preceding sentence).

The board may establish, in the resolution authorizing any mortgage loan to finance a development under this chapter, income limits lower than those provided herein or in the authority's rules and regulations for the occupants of the units in such development.

Furthermore, in the case of developments which are subject to federal mortgage insurance or assistance or are financed by notes or bonds exempt from federal income taxation, federal regulations may establish lower income limitations which in effect supersede the authority's income limits as described above.

If federal law or rules and regulations impose limitations on the incomes of the persons or families who may occupy all or any of the units in a development, the adjusted family incomes of applicants for occupancy of all of the units in the development shall be computed, for the purpose of determining eligibility for occupancy thereof hereunder and under the authority's rules and regulations, in the manner specified in such federal law and rules and regulations, subject to such modifications as the executive director shall require or approve in order to facilitate processing, review and approval of such applications.

Notwithstanding anything to the contrary herein, all developments and the processing thereof under the terms hereof must comply with (i) the Act; (ii) the applicable federal laws and regulations governing the federal tax exemption of the notes or bonds issued by the authority to finance such developments; (iii) in the case of developments subject to federal mortgage insurance or other assistance, all applicable federal laws and regulations relating thereto; and (iv) the requirements set forth in the resolutions pursuant to which the notes or bonds are issued by the authority to finance the developments. Copies of the authority's note and bond resolutions are available upon request.

13 VAC 10-20-40. Application and acceptance for processing.

Application for a mortgage loan shall be commenced by filing with the authority an application, on such form or forms as the executive director may from time to time prescribe,

together with such documents and additional information as may be requested by the authority. *The applicant shall complete a previous participation certificate, in such form as the executive director shall require, which shall provide information about rental housing projects in which the principal participants (or their affiliates) in the proposed development have previously had any interest or participation, all as more fully specified by the executive director.*

The authority's staff shall review each application and any additional information submitted by the applicant or obtained from other sources by the authority in its review of each proposed development. Such review shall be performed in accordance with subdivision 2 of subsection D of § 36-55.33:1 of the Code of Virginia and shall include, but not be limited to, the following:

1. An analysis of the site characteristics, surrounding land uses, available utilities, transportation, employment opportunities, recreational opportunities, shopping facilities and other factors affecting the site;
2. An evaluation of the ability, experience and , financial capacity and predisposition to regulatory compliance of the applicant;
3. A preliminary evaluation of the estimated construction costs and the proposed design and structure of the proposed development;
4. A preliminary review of the estimated operating expenses and proposed rents and a preliminary evaluation of the adequacy of the proposed rents to sustain the proposed development based upon the assumed occupancy rate and estimated construction and financing costs; and
5. A preliminary evaluation of the need for such housing at rentals or prices which persons and families of low and moderate income can afford within the general housing market area to be served by the proposed development.

Based on the authority's review of the applications, *previous participation certificates*, documents, and any additional information submitted by the applicants or obtained from other sources by the authority in its review of the proposed developments, the executive director shall accept for processing those applications which he determines satisfy the following criteria:

1. The applicant either owns or leases the site of the proposed development or has the legal right to acquire or lease the site in such manner, at such time and subject to such terms as will permit the applicant to process the application and consummate the initial closing.
2. Subject to further review and evaluation by the authority's staff under 13 VAC 10-20-50, the estimated construction costs and operating expenses appear to be complete, reasonable and comparable to those of similar developments.
3. Subject to further review and evaluation by the authority's staff under 13 VAC 10-20-50, the proposed

rents appear to be at levels which will: (i) be affordable by the persons and families intended to be assisted by the authority; (ii) permit the successful marketing of the units to such persons and families; and (iii) sustain the operation of the proposed development.

4. The applicant ~~has~~ *and other principal participants in the proposed development have* the experience, ability and , financial capacity and predisposition to regulatory compliance necessary to carry out ~~its~~ *their respective* responsibilities for the acquisition, construction, ownership, operation, marketing, maintenance and management of the proposed development *and will fully and properly perform all of their respective duties and obligations relating to the proposed development under law, regulation and the applicable mortgage loan documents of the authority.*

5. The proposed development will contribute to the implementation of the policies and programs of the authority in providing decent, safe and sanitary rental housing for low and moderate income persons and families who cannot otherwise afford such housing and will assist in meeting the need for such housing in the market area of the proposed development.

6. It appears that the proposed development and applicant will be able to meet the requirements for feasibility and commitment set forth in 13 VAC 10-20-50 and that the proposed development will otherwise continue to be processed through initial closing and will be completed and operated, all in compliance with the Act, the documents and contracts executed at initial closing, applicable federal laws, rules and regulations, and the provisions of this chapter and without unreasonable delay, interruptions or expense.

The executive director's determinations with respect to the above criteria shall be based ~~only~~ on the documents and information received or obtained by him at that time *from any source* and are subject to modification or reversal upon his receipt of additional documents or information at a later time. If the executive director determines that the above criteria are satisfied, he will recommend further processing of the application and shall present his recommendation to the board. If the executive director determines that one or more of the above criteria are not satisfied, he may nevertheless, in his discretion, recommend to the board that the application be approved and that the mortgage loan and issuance of the commitment therefor be authorized subject to satisfaction of such criteria in such manner and within such time period as he shall deem appropriate. The board shall review and consider the recommendation of the executive director, and if it concurs with such recommendation, it shall by resolution approve the application and authorize the mortgage loan and the issuance of a commitment therefor, subject to the further review in 13 VAC 10-20-50 and such terms and conditions as the board shall require in such resolution.

A resolution authorizing a mortgage loan to a for-profit housing sponsor shall prescribe the maximum annual rate, if any, at which distributions may be made by such for-profit housing sponsor with respect to the development, expressed as a percentage of such for-profit housing sponsor's equity in such development (such equity being established in

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accordance with 13 VAC 10-20-80), which rate, if any, shall not be inconsistent with the provisions of the Act. In connection with the establishment of any such rates, the board shall not prescribe differing or discriminatory rates with respect to substantially similar developments. The resolution shall specify whether any such maximum annual rate of distributions shall be cumulative or noncumulative and shall establish the manner, if any, for adjusting the equity in accordance with 13 VAC 10-20-80.

A mortgage loan shall not be authorized by the board unless the board by resolution shall make the applicable findings required by subsection A of § 36-55.39 of the Code of Virginia. The board, however, may in its discretion authorize the mortgage loan without the executive director having previously made the finding, if applicable, required by subsection B of § 36-55.39 of the Code of Virginia, subject to the condition that such finding be made by the executive director prior to the financing of the mortgage loan.

The executive director may impose such terms and conditions with respect to acceptance for processing as he shall deem necessary or appropriate. If any proposed development is so accepted for processing, the executive director shall notify the sponsor of such acceptance and of any terms and conditions imposed with respect thereto. If the executive director determines not to recommend approval of the application, he shall so notify the applicant.

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VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

EDITOR'S NOTICE: The following regulations filed by Virginia Polytechnic Institute and State University are exempt from the Administrative Process Act in accordance with § 9-6.14:4.1 A 6 of the Code of Virginia, which exempts educational institutions operated by the Commonwealth.

Title of Regulation: ~~VR 660-01-04 8 VAC 105-10-10 et seq.~~
Traffic and Parking Regulations (amending 8 VAC 105-10-10 through 8 VAC 105-10-600).

Statutory Authority: § 23-9.2:3 3 of the Code of Virginia.

Effective Date: March 6, 1996.

Summary:

These regulations are established to promote safety and control student, employee and visitor vehicle registration, parking and operation on the campus of Virginia Polytechnic Institute and State University.

Agency Contact: Curtis Lynch, Parking Services Manager, Visitor Information Center, Virginia Polytechnic Institute & State University, Blacksburg, VA 24061-0540, telephone (540) 231-3200

CHAPTER 10. TRAFFIC AND PARKING REGULATIONS.

PART I. GENERAL PROVISIONS.

~~§ 1.1. Mission.~~

8 VAC 105-10-10. Students, faculty, staff, visitors.

A. The mission of the Parking Services Office is to ~~work toward providing~~ provide safe, convenient, and secure parking areas and to facilitate travel to, from, and within the campus for members of the university community and guests.

B. The university president has appointed an advisory committee so that ~~individuals in~~ members of the university community can comment on parking and transportation problems and make suggestions as to their solution. The Parking and Transportation Advisory Board makes recommendations on general policies relating to traffic and parking matters on campus. Students, faculty members, and staff members are represented on this committee.

§ 1.2. 8 VAC 105-10-20. General information.

A. Traffic and parking regulations, as published by the university and in the *Virginia Register*, will be administered by the Parking Services Office and the University Police Department. These regulations, pursuant to authority granted by Virginia state statute to the board of visitors, are enforceable as laws of the Commonwealth.

B. Regulations are needed to aid in safety and orderly conduct of university business, as well as to provide parking facilities within the limits of available space. Students are to obey these regulations as a condition of attendance and faculty and staff members are to obey them as a condition of employment.

B. C. Changes in these regulations and notices about parking regulations for special events are official when published in the *Spectrum* and *Collegiate Times* and when listed on the university's administrative display system on the mainframe computer (PROFS or CMS information screens).

G. D. If you have any questions, comments, or suggestions, please call the Parking Services Office at (540) 231-3200 or visit the Visitor Information Center on Southgate Drive.

D. E. The university shall have no responsibility for loss or damage to any vehicle, or its contents, operated or parked on the Virginia Tech campus.

PART II. MOTOR VEHICLE REGISTRATION.

§ 2.1. 8 VAC 105-10-30. Permit parking.

A. The purchase of a permit does not guarantee a parking place, but merely allows for legal parking in an appropriate area.

B. Permits allowing parking in specific areas of the campus. Permits are required from 7 a.m. to 5 p.m., Monday through Friday, ~~whenever the university is open for business, whether classes are in session or not. This includes semester breaks.~~ (unless signed otherwise). This is in effect whenever the university is open for business, including when classes are not in session and during semester breaks.

§ 2.2. 8 VAC 105-10-40. Who must register.

A. All ~~motor~~ vehicles, motorcycles, and motor scooters on campus requiring state license plates are required to be registered with the Parking Services Office. Vehicles operated by the faculty, staff, and students in connection with their employment or attendance at Virginia Tech are required to display a parking permit before parking on campus or on university-leased property.

B. Visitors, vendors, contractors, and university employees who are employed at university remote sites and visiting the university on a short-term basis (30-day maximum) should register for a complimentary visitor permit.

C. Vehicle registration is valid until the registrant is no longer affiliated with the university as a student, faculty, or staff member, or until the permit expires. ~~Faculty and staff permits are to be returned to Parking Services when an employee leaves the university.~~ All parking permits are the property of the university and must be surrendered to Parking Services when university affiliation either changes or ceases.

§ 2.3. 8 VAC 105-10-50. How to register.

A. General.

1. An individual may register more than one vehicle since the clingtag style permit can be moved from one vehicle to another. Individuals having two vehicles parked on campus at the same time must have each vehicle registered and displaying a permit.

2. A vehicle can be registered to only one person. Only one permit type per vehicle is allowed. Sharing of permits and other unauthorized use may result in a \$100

fine. If a vehicle is shared by two persons needing different permit types, the Parking Services Office needs to be notified before the vehicle can be registered.

B. Student registration.

A. 1. Bring your vehicle information from the Department of Motor Vehicles and Virginia Tech ID to the Visitor Information Center on Southgate Drive to purchase a parking permit. The vehicle must be owned by the student or an immediate family member.

2. Vehicles are to be registered no later than the end of the first week of the semester. Students must be parked in designated student areas at all times. This applies when the university is open for business, including when classes are not in session and during semester breaks.

~~*B. Students are required to show their vehicle registration. The vehicle must be owned by the student or an immediate family member.*~~

~~*C. An individual may register more than one vehicle since the hangtag style permit can be moved from one vehicle to another. Individuals having two vehicles parked on campus at the same time must have each vehicle registered and displaying a permit.*~~

~~*D. Only one permit type per vehicle is allowed. Sharing of permits and other unauthorized use may result in a \$100 fine. If a vehicle is shared by two persons needing different permit types, the Parking Services Office needs to be notified before the vehicle can be registered.*~~

~~*E. Vehicles are to be registered no later than the end of the first week of the semester. Student vehicles must be parked in designated student areas at all times, including the first week of classes and semester breaks.*~~

C. Faculty/staff registration.

1. Employees must show a Faculty/Staff ID to purchase a permit. Wage employees need to get an ID card from the Personnel Office at Southgate Center.

2. Vehicles are to be registered no later than the expiration date of the permit. Employees must register their vehicle(s) before parking on campus. Employees reregistering their vehicle(s) must do so no later than the expiration date on the previous year's permit.

3. Full-time salaried employees are eligible to purchase a full-year faculty/staff permit through payroll deduction. Wage employees are not eligible for payroll deduction at this time.

§ 2.4. 8 VAC 105-10-60. How to display.

~~*A. The registration procedure is not complete until the permit is properly displayed on the vehicle; permits must be displayed in the proper location and so that the maroon side can be seen through the windshield by enforcement officers. (e.g., inside the vehicle on lower four inches of back window, driver's side). The permit must be displayed so that it is readable through the window by enforcement officers.*~~

~~*B. The permit is to be displayed on the rearview mirror, facing the windshield. Motorcycle permits are to be displayed*~~

on the front fork. Bumper stickers are available for vehicles that cannot be locked (e.g., Jeep CJ, Suzuki Samurai, etc.) and are to be affixed to the driver's side rear bumper.

C. A vehicle displaying two different types of permits (e.g., displaying a faculty/staff permit and a commuter student permit at the same time) may be ticketed cited.

§ 2.5. 8 VAC 105-10-70. New vehicles.

~~*Original permits (if hangtag style) (other than bumper style) can be transferred to a new vehicle if Parking Services is notified of the new vehicle information. If the permit is other than a hangtag style bumper style, the original permit must be returned to the Parking Services Office to receive a free replacement permit for the new vehicle.*~~

§ 2.6. 8 VAC 105-10-80. Lost or stolen permits.

A. There will be no refund or free replacement for lost or stolen decals or hangtags permits. Replacement permits may be purchased for \$5 \$6.00 after filing a lost/stolen permit report at the Parking Services Office. Purchasers are encouraged to lock their vehicles and safeguard their permits.

B. If the original permit is found, the replacement permit it must be returned to the Parking Services Office. Failure to do so could result in a \$100 unauthorized-use fine.

8 VAC 105-10-85. Return check policy.

If a check for a parking permit is returned for insufficient funds, the parking permit will be considered null and void. Parking citations will be written each time your vehicle is parked on campus. Parking Services reserved the right to tow the vehicle when three or more unpaid citations have accumulated. The Office of the University Bursar will assess a return check fee on each returned check.

§ 2.7. 8 VAC 105-10-90. Refunds policy.

As a general rule, refunds for parking permits and tickets citations are not granted. Under special circumstances however, Parking Services may use its discretion in granting certain refunds.

To be considered for a refund, the permit or permits must be returned and a refund application form must be completed. Applications for a full refund must be submitted within five working days of the permit purchase date or by the end of the first week of fall semester classes.

Applications for semester refunds must be submitted by the end of the first week of classes of the semester.

PART III.

PERMIT TYPES: PERMIT CLASSIFICATIONS.

§ 3.1. 8 VAC 105-10-100. Issuance of permits.

All parking permits for the categories listed in this part are issued by the Parking Services Office on Southgate Drive.

§ 3.2. 8 VAC 105-10-110. Resident (on campus) permit.

~~*This*~~ *The resident (on campus) permit allows parking only on the right side of the Resident Lot (fenced lot at west end of Washington Street), the west end of Lot D (Stadium Lot,*

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between Lane Stadium and Southgate Drive), and the overflow lot beyond the golf course. Parking is not permitted in Lot D (Stadium Lot) from 11 p.m. the night before any home football game until the game has ended as noted in 8 VAC 105-10-390.

§ 3.3. 8 VAC 105-10-120. Commuter (off campus) permit.

A. ~~This~~ *The commuter (off campus) permit allows parking in the Commuter Lot (between Perry Street and Prices Fork Road); the left side of the Resident Lot (nearest the Vet-Med School on Duck Pond Drive at Washington Street); the commuter section of the ~~Wallace Hall Lot Wallace/Litton Reeves Lot~~; and the overflow lot beyond the golf course at the end of the Duck Pond. Commuter permit holders may also park in designated portions of the Coliseum Parking Lot and along Stadium Road (in marked parking spaces), except at specific times as noted in the ~~Football and Basketball Parking Restrictions sections of these regulations~~ 8 VAC 105-10-390.*

B. Parking in commuter lots is prohibited from 2 a.m. to 6 a.m. unless prior arrangements have been made with the Parking Services Office (7:30 a.m. to 5 p.m., Monday through Friday) or the University Police Department all other times.

C. ~~Students please note: if student status changes to faculty/staff status before the expiration date on the permit, the student permit must be exchanged for a faculty/staff permit within five working days.~~

8 VAC 105-10-125. Graduate.

A. ~~This~~ *The graduate permit allows parking in all areas listed above in the commuter section. In addition to this, graduate students who qualify for a Teaching Assistant (TA) permit (see the Graduate School at 202 Sandy Hall for details) are allowed to park in the TA spaces designated by signs in the B-lot and the lot between Wallace/Litton Reaves and Hillcrest.*

B. *Students please note: If student status changes to faculty/staff status before the expiration date on the permit, the student permit must be exchanged for a faculty/staff permit within five working days.*

§ 3.4. 8 VAC 105-10-130. Faculty/staff permit.

A. ~~This~~ *The faculty/staff permit allows parking in any legal parking area on campus not restricted by signs (e.g., visitors, service vehicles, CEC, teaching assistants, etc.). New employees, see the New Employee (Temporary) Parking Permits section (§ 3.6) 8 VAC 105-10-150.*

B. Faculty/staff permits are issued to salaried (full or part-time) and wage employees of the university. Graduate teaching assistants, graduate research assistants, and part-time salaried or wage employees who are students (taking more than six hours during fall or spring semesters; ~~one or more hours during the summer semester~~) are not authorized to purchase a faculty/staff permit. *Students with wage jobs at Virginia Tech over the summer are not eligible to purchase a faculty/staff permit.*

C. If faculty/staff status changes to student status before the expiration date on the permit, the faculty/staff permit must be exchanged for a student permit within five working days.

PART IV. PERMIT TYPES.

8 VAC 105-10-135. Full year permits.

Full year permits go on sale in mid-July and are valid from then until the expiration date on the permit.

8 VAC 105-10-137. Semester permits.

Semester permits go on sale in mid-July and are valid from then until December 31 of the current year.

§ 3.5. 8 VAC 105-10-140. Daily permits.

A. These Daily permits are available for \$1 per day for those who drive only occasionally or who bring a second vehicle. Daily permits may be purchased in advance and validated on the date of use.

B. A daily permit allows parking in the area indicated on the permit for any one day selected by the purchaser. The date of use will be blackened in with a pen or marker; pencil markings are not acceptable to validate the permit. The misuse, resale, fabrication, alteration, or unauthorized transfer of daily permits will result in a \$100 fine.

8 VAC 105-10-145. Clingtag permits.

Clingtag permits are available for the majority of vehicles on campus and can be purchased for the full year or the semester.

8 VAC 105-10-147. Bumper permits.

Bumper permits are available for motorcycles and vehicles that cannot be locked (e.g., Jeep CJ, Suzuki, Samuri, etc.). These permits can be purchased for the full year or the semester. Only one complimentary permit will be given out with the purchase of a regular permit at the regular price.

§ 3.6. 8 VAC 105-10-150. New employee (temporary) parking permits.

A. All first-time new wage employees of the university can receive a temporary parking permit. The new employee temporary permit will be valid for not more than 30 calendar days, beginning with the first day of paid employment.

B. The new employee must bring an employment validation form from the hiring department to the Parking Services Office.

C. It is recommended that this process be completed the first day of employment. Unauthorized use of these permits carries a \$100 fine to the person displaying such a permit.

D. Full-time Virginia Tech students (taking more than six hours during fall or spring semesters; ~~one or more hours during the summer semesters~~) who are employed by the university are not eligible for temporary employment permits.

E. *Virginia Tech students taking classes are not eligible for temporary employment permits.*

§ 3.7. 8 VAC 105-10-160. Visitor permits.

A. Visitors (*nonstudents or nonfaculty/staff*) may park in any faculty, staff, visitor, or student parking space if they have a valid visitor parking permit *and if space is not restricted by*

signs. Visitor parking permits are available through the Visitor Information Center on Southgate Drive (7:30 a.m. to 5 p.m., Monday through Friday) or at the University Police Department in the Maintenance Complex on Southgate Drive all other times. Visitor permits must be signed and dated by an authorized parking services or police official and displayed 7 a.m. to 5 p.m., Monday through Friday.

B. University employees who are employed at university remote sites and are visiting the university on a short-term basis (30-day maximum) may register for a visitor permit.

C. Metered parking spaces are also available for short-term visitors on campus. Visitors with parking permits may not park free at parking meters. Visitors may park in the ~~CEC Parking Lot~~ *Donaldson Brown Hotel and Conference Center (DBH) Parking Lot* at the corner of College Avenue and Otey Street across from the ~~Continuing Education Center DBH~~ with a valid visitor permit.

§ 3-8. 8 VAC 105-10-170. Vendors and contractors.

A. ~~These Vendors, contractors, and other others~~ who visit the campus frequently can apply for a long-term visitors pass if they present a letter from their company or supervisor. These letters should include the name, social security number, and license plate number of each person who needs a pass, as well as a contact person and contact phone number.

B. *Students are not eligible for vendor or contractor permits. Students must park in designated student areas 7 a.m. to 5 p.m., Monday through Friday.*

§ 3-9. 8 VAC 105-10-180. Turf permits.

These *Turf* permits are available for individuals needing to park on the grass. This permit does not allow parking on sidewalks. These permits are issued by the Parking Services Office.

8 VAC 105-10-185. Retiree permits.

Retiree permits are available from Personnel Services at 404 Clay Street.

8 VAC 105-10-187. Teaching assistant permits.

Teaching assistant permits are available for graduate students who are teaching a class. See the Graduate School at 202 Sandy Hall for details.

PART IV. PART V.

HANDICAP AND TEMPORARY MEDICAL DISABILITY PARKING.

§ 4-1. 8 VAC 105-10-190. Special assistance.

Note: If an individual requires special assistance, the parking manager should be notified at 231-3200 for special arrangements.

§ 4-2. 8 VAC 105-10-200. Handicap parking.

A. ~~These Handicap parking~~ spaces on campus are exclusively for those persons displaying state-authorized DMV handicap license plates or permits. These permits are available to any individual who has a disability of six weeks or longer duration. The Virginia Department of Motor Vehicles

office nearest Virginia Tech is located at Route 114 (Peppers Ferry Road) and Walters Drive in Christiansburg (telephone (540) 382-5000). Only state DMV handicap permits allow parking in handicap spaces. State DMV handicap permits also allow free parking at metered spaces.

B. Faculty members, staff members, and students with handicap passes or plates are ~~requires~~ *required* to obtain a Virginia Tech parking permit to park on campus.

C. Unauthorized vehicles parked in handicap spaces will be ticketed and towed at the owner's expense. See Part X/XI on towing for details on recovering a car.

D. Handicapped individuals may also use the Blacksburg Transit Para-Transit system, which has lift-equipped vehicles for on- and off-campus transportation needs. Call (540) 961-1803 for more information.

§ 4-3. 8 VAC 105-10-210. Temporary medical disability permits (TMD).

A. A Virginia Tech temporary medical disability permit (TMD) is available for students having mobility impairments lasting six weeks or less. If the disability qualifies for a handicap permit, it should be obtained from the Virginia Department of Motor Vehicles. Because of Virginia state laws, TMD permits are not valid at handicap spaces at any time.

B. TMD permits allow students to park in faculty/staff area, and are valid only with a Virginia Tech commuter, *graduate* or resident parking permit. Persons with TMD passes may park in metered spaces as long as the meter is kept current with the proper amount of coins.

C. A temporary medical disability permit can be obtained at the office of Parking Services by presenting a request slip from the Student Health Services or a doctor's statement. This documentation must include how long the disability requires special parking.

D. Unauthorized use of a TMD permit carries a \$100 fine to the person displaying such a permit.

PART V. PART VI.

SPECIAL NEEDS PARKING.

§ 5-1. 8 VAC 105-10-220. Temporary or short-term parking.

Permission may be obtained from the Parking Services Office (7:30 a.m. to 5 p.m., Monday through Friday) or the University Police Department all other times for temporary or short-term parking for emergencies and for loading and unloading only. Permission must be obtained before parking, and only the Parking Services Office and the University Policy Department are authorized to grant such permission.

Anyone with a parking problem should contact the Parking Services Office to seek a possible solution before parking illegally. Emergency flashers or signs on a windshield indicating the vehicle is disabled or loading/unloading are not acceptable notification.

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§-5.2. 8 VAC 105-10-230. Loading/unloading.

A. Thirty minutes is the maximum time allowed for loading and unloading. A current Virginia Tech parking permit and prior authorization are required from 7 a.m. to 5 p.m. weekdays to use this service. Authorization can be obtained by calling Parking Services 7:30 a.m. to 5 p.m. Monday through Friday, or the University Police Department all other times. Please have available your license plate number and permit number.

B. To load vehicles for the weekend, only resident permit holders may park in most faculty/staff areas near residence halls after 2:30 p.m. on Fridays. You are allowed a maximum of 30 minutes and a call to the Parking Services Office is not necessary. However, Owens and Dietrick Dining Hall lots are reserved exclusively for faculty and staff parking 24 hours a day 6 a.m. to 4 p.m., seven days a week.

§-5.3. 8 VAC 105-10-240. Disabled vehicles.

A. The Parking Services Office and the University Police Department should be notified immediately if an automobile is disabled. Emergency flashers or signs on the windshield indicating the vehicle is disabled are not sufficient. Any disabled vehicle in a roadway, blocking traffic, creating a hazard, or illegally parked in a handicap space will be towed immediately at the owner's expense. If in a legal parking space, a disabled vehicle is to be removed within 24 hours.

B. The parking lots are not designed or intended for automobile repairs. If repairs become necessary, permission must be secured from the Parking Services Office or the University Police Department. Permission will be granted only for minor repairs and never for more than 24 hours.

§-5.4. 8 VAC 105-10-250. Special-event/special group parking.

Contact the Parking Services Office at least two weeks prior to the event for special parking arrangements.

§-5.5. 8 VAC 105-10-260. Residence hall move-in/move out.

Special parking arrangements are in effect for these periods. *One hour is the maximum time allowed for move-in/move-out. Unless otherwise directed, there will be no parking on the grass or on sidewalks.* Call the Parking Services Office for more information.

PART VI. PART VII. ENFORCEMENT.

§-6.1. 8 VAC 105-10-270. Enforcement authority.

A. Only designated Parking Services and University Police Department employees shall have the authority to enforce the parking rules and regulations herein established.

B. The university reserves the right to prohibit or restrict parking on university-owned or university-leased property for special circumstances. Any individual who accumulates 10 or more unpaid tickets citations in an academic year is considered to be abusing parking privileges and may lose parking privileges on campus for the remainder of that period. Parking Services reserves the right to confiscate the parking permit attached to such a vehicle, and there will be

no refund to the owner of that permit. In addition, the vehicle may be towed from campus at the owner's expense.

§-6.2. 8 VAC 105-10-280. Expired meter.

A. Virginia Tech has parking meters available to meet short-term parking needs of visitors, faculty, staff, and students. Most meters take nickels *nickels*, dimes, and quarters. The 10 meters nearest the War Memorial Gym are reserved for faculty, staff and visitors only. Parking permits (including visitor permits) never allow parking at meters without paying the meter. State DMV handicap permits do allow free parking at meters.

B. Any parking meter covered with a green *white* cover indicates "general parking," a yellow cover indicates "no parking," and a red cover indicates "~~faculty/staff parking only.~~" "reserved parking only." A parking space that has a post with no meter head may be used by anyone authorized to park in that area.

C. Meters are enforced from 7 a.m. to 5 p.m., Monday through Friday. Meters in the Bookstore lot are enforced from 7 a.m. to 7 p.m., seven days a week.

D. Please notify the Parking Services Office before moving a vehicle from a defective meter so that the meter may be checked immediately. *Additionally, failure to completely turn the handle on a meter after inserting coins also constitutes an expired meter violation.*

§-6.3. 8 VAC 105-10-290. Parking in an unauthorized area.

A. Resident ~~and~~, commuter, *and graduate* student permit parking is prohibited on campus streets and in faculty/staff parking areas (except where signs designate otherwise) from 7 a.m. to 5 p.m., Monday through Friday. Parking at other times may also be prohibited as announced and/or posted in all parking areas. Overnight (2 a.m. - 6 a.m.) commuter/*graduate* student parking on campus is prohibited unless prior arrangements have been made with Parking Services (7:30 a.m. to 5 p.m., Monday through Friday) or the University Police Department all other times.

B. To load vehicles for the weekend, only resident permit holders may park in most faculty/staff areas near residence halls after 2:30 p.m. on Fridays for a maximum of 30 minutes. However, Owens and Dietrick Dining Hall lots are reserved exclusively for faculty and staff parking 24 hours a day ~~from 6 a.m. to 4 p.m., seven days a week.~~ All dining hall loading dock areas are posted as "No Parking" or "Service Vehicle Parking Only" at all times.

C. The parking lot across from the Donaldson Brown Continuing Education Center (CEC) and in front of Squires is reserved for faculty and staff parking 24 hours a day, seven days a week. Visitors and CEC guests may also park in this parking lot. *Hotel and Conference Center (DBH) and in front of Squires Student Center is divided into two sections. The left side (closest to Squires) is reserved for faculty/staff from 7 a.m. to 5 p.m., Monday through Friday. Students may park on this side after hours and on weekends. The right side of the DBH lot is reserved for visitors (nonstudents or nonfaculty/staff) 24 hours a day, seven days a week. Only visitors and DBH guests (nonstudents or nonfaculty/staff) are*

allowed to park in this half of the lot and must display a visitor or DBH parking pass.

D. Persons receiving an "Unauthorized Area" ticket citation but whose vehicle is registered with the Parking Services Office and parked in an authorized area may request that their ticket citation be voided. This request is only valid if filled out within 10 calendar days of ticket issuance and upon presentation of the permit. To make this request you must complete a void form within 10 calendar days of citation issuance. Forms are available at the Parking Services Office and are to be filled out in person. These forms are necessary to comply with audit procedures. This request may be made a maximum of three times within an academic year. Forms are available at the Parking Services Office for these requests and are necessary to comply with audit procedures.

Parking in designated service vehicle spaces (between white-painted control lines) is allowed after hours (5 p.m. to 7 a.m.) and on weekends unless signed otherwise. Service drives at the Field House, Cochrane, Ambler Johnston, Miles, Pritchard, etc. are no parking zones 24 hours a day, seven days a week.

E. Note: If you forget your hangtag on any given day, stop by the Parking Services Office to verify your registration and obtain a temporary one-day permit before parking on campus. There is no charge for this permit.

F. Vehicles not registered with Parking Services prior to parking on campus will receive an "Unauthorized Area" ticket citation.

§ 6.4. 8 VAC 105-10-300. Parking on a yellow curb.

Yellow painted curbs, poles, and lines including those inside the parking lots and at loading docks, indicate no parking. Yellow curbs designate safety zones established by traffic engineers to facilitate free and safe movement of emergency vehicles and other traffic moving into and out of the area.

§ 6.5. 8 VAC 105-10-310. Parking in a no parking zone.

A. Parking is permitted in authorized, clearly identified parking spaces only. Parking is not allowed in or on lawns, grass, loading zones, bus stops, pedestrian crosswalks, handicap spaces, handicap access ramps, yellow lines or curbs, service drives, service vehicle spaces, unmarked areas, and fire lanes without specific authorization. Parking on any sidewalk is prohibited at all times. Bagged or covered signs indicate special purpose or no parking.

8 VAC 105-10-315. Parking in a roadway.

B. A general rule to follow is that Parking is permitted only between white-painted control lines. If no control lines exist, do not park there. Roadways designate safety zones established by traffic engineers to facilitate free and safe movement of emergency vehicles and other traffic moving into and out of the area. This applies to all areas whether they are painted yellow or not.

§ 6.6. 8 VAC 105-10-320. Other (miscellaneous no parking situations).

Parking is not permitted in roadways, occupying multiple spaces (double parking), facing in wrong direction, etc. This violation may also include any of the no parking zones mentioned in § 6.5.

A. Vehicles are not permitted to occupy multiple spaces (double parking), park facing in wrong direction, etc. Violation may also include any of the no parking zones mentioned in 8 VAC 105-10-315.

B. Motorcycles are allowed to park in designated motorcycle areas denoted by "P" signs ("P" means "any university parking permit"). If parked in a regular vehicle space, the motorcycle must display the permit type required in that lot (e.g., a faculty/staff permit is necessary in any non-motorcycle space within a faculty/staff lot). Vehicles are not to be parked in areas designated for motorcycles.

§ 6.7. 8 VAC 105-10-330. Overtime parking (parking in timed areas).

Timed parking areas (e.g., in front of Burruss, in Shultz lot, at the Duck Pond drop-off spaces by the library, ATM spaces at the bookstore, etc.) are strictly enforced to provide limited, short-term parking for the purposes of brief business in certain areas by faculty, staff and students.

§ 6.8. 8 VAC 105-10-340. Parking in a handicap zone.

Handicap parking spaces on campus are exclusively for those persons displaying state-authorized DMV handicap license plates or permits. Unauthorized vehicles parked in a handicap space will be ticketed and towed at the owner's expense.

§ 6.9. 8 VAC 105-10-350. Unauthorized use of permit.

A. The misuse, resale, fabrication, alteration, or unauthorized transfer of a Virginia Tech parking permit is illegal. Permits are to be used only by the original purchaser, and are required to be purchased from the Parking Services Office. Vehicles displaying lost, stolen, or fraudulent Virginia Tech parking permits will be ticketed, immobilized and/or towed immediately and the campus police notified. Campus police will be notified.

B. "Unauthorized Use of Permit" violations will be assessed against the person who purchased the permit or the person to whom the vehicle is registered with the DMV. An "Unauthorized Use of Permit" ticket citation carries a \$100 fine and may carry a judicial referral and/or criminal charge. Vehicles may also be towed or immobilized.

§ 6.10. Motorcycles.

Motorcycles need to be parked in designated motorcycle areas within the parking lots or in a regular space designated by white painted control lines. The areas set aside for motorcycles correspond to the permit type required in that lot (e.g., a faculty/staff permit is necessary in a motorcycle area within a faculty/staff parking lot). Vehicles are not to be parked in areas designated for motorcycles.

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8 VAC 105-10-360. [Repealed.]

~~§ 6.11. 8 VAC 105-10-370. Bicycles.~~

See ~~Part XIII Part XIV, Bicycle Information (8 VAC 105-10-500 et seq.).~~

§ 6.12. 8 VAC 105-10-380. Responsibility.

Note: All parking violations are the responsibility of the person who purchased the permit or the person to whom a vehicle is registered with the DMV. Violations that are issued to a member of the immediate family of a faculty/staff member or student are assumed to have been committed by the faculty/staff member or student.

PART VII. PART VIII. PARKING RESTRICTIONS.

§ 7.1. 8 VAC 105-10-390. Football and basketball parking restrictions.

Parking in the Coliseum Lot and along Spring and Stadium Roads is strictly forbidden at the following times:

1. After 5:15 p.m. on the day before a home varsity football game or weekend home varsity basketball game until the game has started.
2. After 5:15 p.m. on the day of a weekday home varsity men's basketball game until the game has started.
3. The Lane Stadium lot is also restricted from parking after 11 p.m. the night before all home football games until the game has started.
4. *Parking in the lots mentioned above is restricted during any other special event when prior notice is given by the posting of signs the morning of the event. Failure to comply with these restrictions will result in the vehicle being ticketed and/or towed at the owner's expense.*

§ 7.2. 8 VAC 105-10-400. Special Purpose and Graduate Housing parking.

A. Parking at the Special Purpose Housing complex is limited and only available to residents with special permits. Residents of the Special Purpose Housing complex are required to register their vehicles with the Parking Services Office as well. Visitors who wish to park in these areas should:

1. Park in the gravel parking lot adjacent to the Duck Pond on Oak Lane.
2. Ride the "Heathwood" BT bus from campus and get off at the Special Purpose Housing stop at the Anaerobe Lab on Prices Fork Road. Parking is available in the Commuter "B" lot adjacent to the bus stop on West Campus Drive (*except between 2 a.m. and 6 a.m.*).
3. Park in I Lot and ride the BT shuttle bus provided. Contact the Office of Residential and Dining Programs or the Blacksburg Transit Office for a schedule.

B. Special Purpose Housing parking is not permitted at the Anaerobe Lab on Prices Fork Road at any time. Unauthorized vehicles in the lab parking lot may be towed at owner's expense.

C. All residents of Special Purpose Housing, Hillcrest Graduate Housing, and Main Campbell Graduate Housing qualify for commuter parking permits. Special passes to be used with their Virginia Tech commuter/graduate parking permits will be issued ~~by area coordinators to designate these residents. to students designated by the Housing Office.~~

1. *Residents of Special Purpose Housing are only allowed to park overnight in the Special Purpose Housing Lot. They must display both a student parking permit and the red Special Purpose Housing permit issued by the Housing Office.*

2. *Residents of Main Campbell and Hillcrest are only allowed to park overnight in the Litton Reaves/Wallace Lot (C-Lot). They must display both a student parking permit and the white RGP permit issued by the Housing Office.*

~~§ 7.3. 8 VAC 105-10-410. Golf Course, Duck Pond, Tennis, and Rec Field Parking.~~

Individuals may park in the specially designated parking areas at the Golf Course and Tennis Pavilion only while registered to engage in either activity, ~~and at the Duck Pond only while present there.~~ In addition to the above restriction, a Virginia Tech parking permit is required to park in these areas. ~~Duck Pond parking is limited to two hours.~~ Parking for participants at the Tennis Pavilion and, Rec Field, and *Field House* is available in the General (~~Resident~~) Parking Lot below Lane Stadium. *Parking behind the Field House is only permitted for handicap parking and service vehicles 24 hours a day, seven days a week. Handicap and Service Vehicle passes are required to park there.*

PART VIII. PART IX. ESCORT SERVICE.

§ 8.1. 8 VAC 105-10-420. Escort Service.

The University Police Department provides a dusk-to-dawn service for individuals who need to walk at night from their dorm or office to their vehicle. Please call (540) 231-SAFE (231-7233) for details.

PART IX. PART X. PARKING VIOLATIONS.

§ 9.1. 8 VAC 105-10-430. Fines and violations.

A. Fines for parking violations are as follows:

1. Most parking and bicycle violations are \$10 each.
2. Unauthorized parking in a designated handicap space is a \$50 violation.
3. Unauthorized or fraudulent use of a Virginia Tech parking permit is a \$100 violation.

B. Parking fines not received at the Office of the University Bursar within 10 days from the date of ticket *citation* issuance, or postmarked within seven days of issuance shall result in an additional \$10 late fee unless the *ticket citation* is under appeal. Payments sent through campus mail must be received by the 10th day of *ticket citation* issuance. Lost,

stolen, or misplaced tickets citations do not excuse the late fee.

All student accounts with citations 30 days past due will be blocked regardless of amount. All accounts that are over \$100 will be blocked immediately. Accounts must be paid in full for block to be removed.

C. Fines may be handled as a payroll deduction or Commonwealth of Virginia tax offset, or applied against other existing accounts with the university, as an offset against Commonwealth of Virginia Vendor Debt Setoff Program or assessed against any other moneys due from the university, or both. Nonpayment of fines may result in blocked class registration and/or withheld grade transcripts. Outstanding fines may also be given to a collection agency. Accounts sent to collections will be assessed an additional collection cost.

D. All parking fines will be assessed against either the person who purchased the parking permit or the registered DMV owner of the vehicle.

§ 9.2. 8 VAC 105-10-440. Payment of parking fines.

A. Parking fines may be paid by:

1. Paying in person at Burruss Hall:

a. If the ticket citation is less than 10 days old, pay at Burruss Hall, second floor, window 8.

b. If the ticket citation is over 10 days old, go to 227 Burruss, pick up a remittance form, and pay at window 6 or 7. go to Burruss Hall, second floor, pick up a remittance form and pay at window 4 or 5. If you already have a remittance form, you can go directly to window 6 or 7 4 or 5.

2. Mailing ticket citation and payment through U.S. mail. Payment envelope must be postmarked no later than seven days from the date of ticket citation issuance to avoid a late fee. Mail to:

Office of the University Bursar
233 Burruss Hall
Virginia Tech
Blacksburg, VA 24061-0143

3. Mailing ticket and payment through campus mail to the Office of the University Bursar, campus mail code 0143. Payment must be received by the 10th day of ticket issuance to avoid a late fee.

4. 3. Depositing the ticket citation and payment in the lock box outside the Visitor Information Center on Southgate Drive. Payment must be received by the 10th day of ticket citation issuance to avoid a late fee.

4. Mailing citation and payment through campus mail to the Office of the University Bursar, campus mail code 0143. Payment must be received by the 10th day of citation issuance to avoid a late fee.

B. Checks should be made payable to: Treasurer, Virginia Tech.

C. Do not send cash through the mail or deposit cash in lock box.

PART X: PART XI. IMMOBILIZATION POLICY (TOWING).

§ 10.1. 8 VAC 105-10-450. Vehicle towing.

A. Vehicles may be ticketed, immobilized and/or towed, or any combination of these at the owner's expense under the following circumstances:

1. For vehicles displaying lost, stolen, or fraudulent Virginia Tech parking permits, the campus police will be notified and the vehicle immobilized or towed. The vehicle will also be ticketed for unauthorized use of permit.

2. When a vehicle is illegally parked in a handicap zone or fire lane (such towing is required by state law).

3. When a vehicle is illegally parked, restricting traffic, or creating a traffic hazard.

4. When three or more unpaid tickets citations have accumulated.

5. When vehicles are parked on designated snow routes. Most streets and roads on campus are considered snow routes.

6. When vehicles are parked in violation of football and basketball game restrictions.

7. If notified by the Parking Services Office or the University Police Department to move a vehicle, and the owner or user does not accomplish this move within the specified time.

B. If the tow truck is called and the vehicle owner arrives on the scene to move the vehicle, the tow order may be cancelled canceled.

C. If the tow truck is already en route, the person responsible for the vehicle may still be required to pay towing costs before being permitted to move the vehicle. A ticket citation for illegal parking will also be issued.

D. The Parking Services Office and University Police Department are not responsible for damage resulting from towing or immobilization of vehicles.

§ 10.2. 8 VAC 105-10-460. Vehicle recovery.

If a vehicle is towed, the owner or person responsible must report to the University Police Department to arrange to recover the vehicle. Any fines and towing costs must be paid before the towing company will release the car.

§ 10.3. 8 VAC 105-10-470. Abandoned vehicles.

Abandoned cars will be disposed of in accordance with Virginia state law. Any vehicle that does not have current license plates or has not moved in 72 hours, or both, will be presumed to be abandoned.

PART XI: PART XII. MOVING VIOLATIONS.

§ 11.1. 8 VAC 105-10-480. Moving violations.

A. The University Police Department is charged with the enforcement of all state laws, including the Motor Vehicle

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Code of Virginia. Traffic citations for moving violations are referred to local courts. Campus speed limits are radar enforced.

B. The speed limit on campus is 25 MPH unless otherwise posted.

C. The speed limit around the Drillfield is 15 MPH.

D. Every person shall obey the instructions of any traffic control device, sign, or notice, unless otherwise directed by a traffic control officer.

E. All university police officers have the authority to enforce the laws of the Commonwealth and the university pertaining to the operation of motor vehicles on campus property.

PART XII. PART XIII. APPEALS.

§ 42.4. 8 VAC 105-10-490. Appealing a violation.

A. The appeals hearing officer for the university will review all written appeals involving nonmoving traffic violations. Traffic citations for moving violations are issued by the University Police Department on campus and referred to the local courts for a decision.

B. Tickets Citations received for parking on a yellow line or curb, in roadways, handicap zone, or metered space will not be viewed favorably in the appeals process except in genuine emergency situations as determined by the appeals hearing officer.

C. If a person wishes to appeal a parking or bicycle ticket citation, the procedure below should be followed:

1. All appeals must be filed within 10 calendar days of issuance of the ticket citation. All rights to appeal a ticket citation are waived after this 10-day period.

2. The appeal must be written on an official appeals form available in the Parking Services Office. This is necessary to ensure the Parking Services Office has all the necessary information to process the appeal and satisfy audit procedures.

3. Please make sure the address and phone numbers you list are complete, accurate, and legible. The Parking Services Office cannot be responsible if you fail to receive your appeal notice under these circumstances. Remember to notify the Parking Services Office of any address changes.

4. The issue on appeal is whether or not the cited rule was violated. It is no defense to "not mean" to violate a rule, to "see others" violate it, to "not realize" it was violated, or to have "violated it in the past without penalty."

5. All appeals should be finalized by the last day of classes.

6. The decision of the appeals hearing officer is final.

PART XIII. PART XIV.

BICYCLE INFORMATION (REGISTRATION AND PARKING).

§ 43.1. 8 VAC 105-10-500. General.

All designated employees of the Parking Services Office and the University Police Department have the authority to enforce these rules and regulations.

§ 43.2. 8 VAC 105-10-510. Registration.

All bicycles and mopeds are to be registered with the Parking Services Office prior to parking on campus. ~~Registration for bicycles and mopeds is provided as a courtesy at no charge. Registration is yearly unless the bicycle is already registered with a permit that expires August 15, 1997.~~ However, the user of a non-registered bicycle on campus will be subject to a \$10 fine and impoundment or immobilization of the bicycle or moped. Impounded or immobilized bicycles may be retrieved after the owner presents proof of ownership to the Parking Services Office.

§ 43.3. 8 VAC 105-10-520. Parking enforcement.

A. Bicycles may be parked only at bicycle racks, except when permission has been granted to keep a bicycle inside a campus building. (Housing must approve keeping a bike in a dormitory room. A department head must grant permission to keep a bike in a faculty office.)

B. Mopeds may be parked only at bicycle parking racks.

C. No person is allowed to park a bicycle or moped as follows:

1. On a sidewalk, at a tree or post, on a lawn, next to a building, in a roadway, at a utility pole, light post, banister, parking meter, or other available structure. Always use a bicycle rack.
2. So that it blocks or obstructs any entrance, exit, ramp or breezeway.
3. In any campus building (except as permitted in dormitory rooms and faculty offices).
4. In a parking area designated for motor vehicles.
5. In other than an upright position.

D. Bicycles or mopeds found parked and/or locked in areas other than those allowed may be impounded or immobilized by the Parking Services Office or the University Police Department. The person responsible for the bike will receive a bicycle parking ticket citation.

E. Motorcycles may not be parked in bicycle racks. Students' motorcycles are to be parked in designated student motorcycle areas.

§ 43.4. 8 VAC 105-10-530. Operation enforcement.

A. Bicycles are useful means of transportation when used properly. By taking a few precautions, bicycling can be a safe, enjoyable and theft-free experience.

B. Every person operating a bicycle on university property is to comply with all traffic control devices, applicable Virginia state statutes regarding bicycle operation, and these regulations.

C. Persons riding bicycles on campus are to practice courteous, defensive riding. They will consider pedestrians and conditions that require traveling at safe speeds. At all times, they are to be in proper control over their bicycles.

D. Please remember the following:

1. Persons may not operate a bicycle on any campus sidewalk, lawn, or designated pedestrian plaza, such as the Library Plaza, Cowgill Plaza, etc.
2. It is illegal to ride in the wrong direction on a one-way street or against the regular flow of vehicular traffic, including the Drillfield.
3. Persons operating a bicycle will yield to pedestrians in situations of conflicting bicycle/pedestrian traffic.
4. Ride single file, with traffic, and to the right of the roadway.
5. Use bike paths when available.
6. Use proper turn signals.
7. Keep bicycle in proper mechanical condition.
8. Watch for people exiting parked vehicles.
9. Watch for the unexpected from motorists. (The number-one statement of vehicle operators involved in accidents with cyclists is, "I didn't see him!")
10. Virginia law requires a rear reflector and a headlight when riding at night.
11. In crosswalks, always walk; you are considered a pedestrian.
12. If involved in an accident, report it to the University Police Department immediately.

E. Moving violations will result in a traffic citation being issued by the University Police Department. Repeated violations may result in suspension or revocation of bicycle operation privileges on campus.

§ 43.5. 8 VAC 105-10-540. Theft prevention.

Bicycles are an easy target for theft. Some helpful hints are as follows:

1. Use bike racks, and secure bikes with bar-type locks.
2. Secure frame and front wheel.
3. Chain fences and chain-type locks can be quickly and easily cut.
4. Check bicycle frequently so it doesn't appear abandoned.
5. Park in high visibility areas.
6. Personalize your bicycle to make it easy to recognize.
7. Engrave your bike in several locations.
8. Register your bicycle. If it is stolen and then located, you can be easily found and ownership readily determined.

9. Write down the make, model, and serial number of your equipment. Keep this information in a safe place with the receipt of purchase.

10. Have your bicycle insured.

If your bicycle is stolen on campus, report the theft to the University Police Department.

§ 43.6. 8 VAC 105-10-550. Abandoned bicycles.

Bicycles left on the university grounds more than five days following graduation will be considered abandoned. These bikes will be impounded and disposed of in accordance with university policy regarding such property.

PART XIV. PART XV.

AVOIDING PARKING TICKETS CITATIONS AND TOWING CHARGES.

§ 14.1. [~~8 VAC 105-10-570, 8 VAC 105-10-560.~~] How to avoid parking tickets citations and towing charges.

A. Properly display a Virginia Tech parking permit from 7 a.m. to 5 p.m. Monday through Friday. Remember that the parking rules and regulations are in effect whenever the university is open for business, including when classes are not in session and during semester breaks.

B. Park in a clearly identified parking space appropriate for your permit.

C. Do not loan your permit to others. Shared permits may result in a \$100 "Unauthorized Use of Permit" ticket citation assessed against the permit owner.

D. Have visiting family and friends obtain a visitor parking permit before parking on campus.

E. Observe special parking restrictions such as:

1. Parking lots at the Owens Dining Hall, and Dietrick Dining Hall and the ~~Donaldson Brown Continuing Education Center (CEC)~~ are restricted to faculty and staff parking only, are reserved for faculty and staff members from 6 a.m. to 4 p.m., seven days a week. The right side of the Donaldson Brown Hotel and Conference Center (DBH) is reserved for visitors (nonstudents or nonfaculty/staff) 24 hours a day, seven days a week. The Bookstore Lot parking meters are enforced from 7 a.m. to 7 p.m., seven days a week.

2. All dining hall loading docks prohibit parking at all times.

3. Parking is prohibited in the Coliseum Lot and along Stadium and Spring Roads after 5:15 p.m. on the day before a home varsity football game or weekend home varsity basketball game, or after 5:15 p.m. on the day of a weekday home varsity men's basketball game until the game has started.

4. Parking is prohibited in the parking lot below Lane Stadium from 11 p.m. the night before any home football games until the game has started.

5. Other special restrictions, as posted.

Final Regulations

~~§ 14.2. Avoiding late fees. [8 VAC 105-10-580. 8 VAC 105-10-570.] Ticketed anyway?~~

Avoid a \$10 late fee per ticket *citation* by making sure payment is made to the Office of the University Bursar in Burruss Hall within 10 calendar days of ticket *citation* issuance; if payment is mailed, the payment envelope must be postmarked within seven days of ticket *citation* issuance. Payments sent through campus mail must be received by the 10th day of ticket *citation* issuance. Do not send cash through the mail or deposit cash in the payment box at the Visitor Information Center. Checks should be made payable to Treasurer, Virginia Tech.

PART XVI. FEES.

~~[8 VAC 105-10-590. 8 VAC 105-10-580.] Faculty/staff permits.~~

The following fees apply for faculty/staff permits:

- | | |
|--------------|------|
| 1. Full-Year | \$50 |
| 2. Semester | \$25 |
| 3. Summer | \$12 |
| 4. Daily | \$1 |

~~[8 VAC 105-10-600. 8 VAC 105-10-590.] Student permits.~~

The following fees apply for student permits.

- | | |
|--------------|------|
| 1. Full-year | \$40 |
| 2. Semester | \$23 |
| 3. Summer | \$10 |
| 4. Daily | \$1 |

~~[8 VAC 105-10-610. 8 VAC 105-10-600.] Citation fines.~~

The following fees apply for citations.

- | | |
|------------------------------------|-------|
| 1. Expired Meter | \$10 |
| 2. Parking in an Unauthorized Area | \$10 |
| 3. Parking on Yellow Line or Curb | \$10 |
| 4. Parking in a No Parking Zone | \$10 |
| 5. Parking in a Roadway | \$10 |
| 6. Other | \$10 |
| 7. Overtime Parking | \$10 |
| 8. Parking in a Handicap Zone | \$50 |
| 9. Unauthorized Use of Permit | \$100 |
| 10. Bicycle | \$10 |

VA.R. Doc. No. R96-262; Filed March 6, 1996, 3:08 p.m.

VIRGINIA WASTE MANAGEMENT BOARD

REGISTRAR'S NOTICE: The Virginia Waste Management Board has claimed an exemption from the Administrative Process Act in accordance with § 9-6.14:4.1 B 4 of the Code of Virginia, which exempts regulations relating to grants of state or federal funds or property.

Title of Regulation: 9 VAC 20-150-10 et seq. Waste Tire End User Reimbursement Regulation (amending 9 VAC 20-150-80 and 9 VAC 20-150-100).

Statutory Authority: §§ 10.1-1402, 10.1-1422.3, and 10.1-1422.4 of the Code of Virginia.

Effective Date: April 1, 1996.

Summary:

The regulation amendment changes the amount of the fixed rate from \$30 per ton to \$22.50 per ton for "current flow tires" and \$50 per ton for tires from stockpiles, and defines the eligible end users, eligible uses, amount of reimbursement and the procedures for applying for and processing of the reimbursement.

For tires to be eligible for the \$50 rate, the site must be inspected and certified by a DEQ employee and a Hazard Prevention Plan must be developed in accordance to DEQ guidelines and implemented before tire processing begins.

Agency Contact: Copies of the regulation may be obtained from Alan Lassiter, Manager, Waste Tire Management Program, Department of Environmental Quality, P.O. Box 10009, 629 East Main Street, Richmond, VA 23240-0009, telephone (804) 698-4215.

9 VAC 20-150-80. Maximum rate of reimbursement.

The maximum amount of the reimbursement eligible uses shall be \$30 per ton for waste tires specified in 9 VAC 20-150-10 A 1 shall be \$30 per ton through March 31, 1996, and \$22.50 per ton beginning on April 1, 1996. The maximum amount of the reimbursement for waste tires specified in 9 VAC 20-150-10 A 2 and A 3 shall be \$30 per ton through March 31, 1996, and \$50 per ton beginning on April 1, 1996.

9 VAC 20-150-100. Qualification as Virginia generated waste tires.

A. A Virginia generated waste tire is a waste tire that is:

1. Discarded as the result of a sale, trade, or exchange in Virginia;
2. From a Virginia tire pile that existed prior to December 20, 1994; or
3. From a Virginia tire pile that was created without the property owner's knowledge or permission.

B. Tires qualifying for subdivision A 2 or A 3 of this section must be certified as such through a field inspection conducted by the department using department form DEQ-WTC.

C. Before removal of any tires from a site which meets the criteria of subdivision A 2 or A 3 of this section, a hazard prevention plan, prepared in accordance with department guidelines, must be fully implemented.

EDITOR'S NOTICE: The forms used in administering the Waste Tire End User Reimbursement Regulation (9 VAC 20-150-10 et seq.) are listed below. The amended forms are reflected on the listing and copies of the forms are also being published. The stricken forms were inappropriately placed at the end of this regulation in the Virginia Administrative Code and are not part of 9 VAC 20-150-10 et seq.

~~Appendix A, Commonwealth of Virginia Waste Tire Certification, DEQ-WTC, Revised 1/96.~~

~~Appendix B, Commonwealth of Virginia Waste Tire Program End User Reimbursement Requests Application, DEQ-EURR, Revised 6/95.~~

~~1993 Hazardous Waste Report (EPA), EPA Form 8700-13 A/B, (eff. 8/93).~~

~~Uniform Hazardous Waste Manifest (EPA), EPA Form 8700-22.~~

~~Notification of Regulated Waste Activity (EPA), EPA Form 8700-12, (eff. 11/93).~~

~~Open Dump Evaluation Criteria Part I - Flood Plains, DWM Form SW-4-1.~~

~~Open Dump Evaluation Criteria Part II - Surface Water, DWM Form SW-4-2.~~

~~Open Dump Evaluation Criteria Part III - Groundwater, DWM Form SW-4-3.~~

~~Open Dump Evaluation Criteria Part IV - Disease Vectors, DWM Form SW-4-4.~~

~~Open Dump Evaluation Criteria Part V - Open Burning, DWM Form SW-4-5.~~

~~Open Dump Evaluation Criteria Part VI - Safety: Landfill Gas, DWM Form SW-4-6.~~

~~Open Dump Evaluation Criteria Part VII - Safety: Fires, DWM Form SW-4-7.~~

~~Open Dump Evaluation Criteria Part VIII - Safety: Bird Hazard, DWM Form SW-4-8.~~

~~Appendix 7.1 Disclosure Form, DWM Form DISC-01.~~

~~Appendix 7.2 Request for Local Government Certification, DWM Form SW-11-1.~~

~~Appendix 7.3 Part A Permit Application, DWM Form SW-7-3.~~

134151

COMMONWEALTH OF VIRGINIA
WASTE TIRE CERTIFICATION

PART 1 - GENERATOR CERTIFICATION

Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____
Business ID or VDL _____

Specify Quantities by Count or Tons
Car / Light truck _____
Truck _____
Oversize _____
or _____
Tons of tire material _____

I certify under penalty of law that the information contained on this form is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for willful violations. I further certify that, to the best of my knowledge and belief, all the waste tire materials identified by me on this Waste Tire Certification and delivered to the hauler below were generated in the Commonwealth of Virginia in accordance with the Waste Tire End User Reimbursement Regulations (VR 672-60-1).

Signature _____ Date _____

PART 2 - HAULER CERTIFICATION

Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____
Business ID or VDL _____

Specify Quantities by Count or Tons
Car / Light truck _____
Truck _____
Oversize _____
or _____
Tons of tire material _____

I certify that the waste tire materials listed in this section were received from the generator in the amounts indicated, to the best of my knowledge and belief.

Signature _____ Date _____

PART 3 - COLLECTOR CERTIFICATION

Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____
Business ID or VDL _____

Specify Quantities by Count or Tons
Car / Light truck _____
Truck _____
Oversize _____
or _____
Tons of tire material _____

I certify that the waste tire materials listed in this section were received from the generator or hauler in the amounts indicated, to the best of my knowledge and belief.

Signature _____ Date _____

PART 4 - PROCESSOR CERTIFICATION

Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____
Business ID or VDL _____

Specify Quantities by Count or Tons
Car / Light truck _____
Truck _____
Oversize _____
or _____
Tons of tire material _____

I certify that the waste tire materials listed in this section were received from the generator, hauler, or collector in the amounts indicated, to the best of my knowledge and belief.

Signature _____ Date _____

DEQ-WTC Department of Environmental Quality, Waste Tire Program, P.O. Box 10009, 629 E. Main St., Richmond, VA 23240-0009
1196 White - End User Pink - Collector Canary - Generator



VIRGINIA WASTE TIRE PROGRAM
END USER REIMBURSEMENT APPLICATION
(FORM DEQ-EURR)

COMPANY NAME _____

FEDERAL ID # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT _____

LOCATION OF USE _____

DESCRIPTION OF USE _____

USE OCCURRED BETWEEN _____ AND _____

COMPLETE THE CALCULATION FOR PURCHASE PRICE OR COST OF USE.

PURCHASE PRICE CALCULATION

COST OF USE CALCULATION

TONS OF MATERIAL PURCHASED _____
PURCHASE PRICE PER TON _____

COST OF USE PER TON _____
MINUS TIPPING FEE _____
NET COST OF USE _____
TONS OF MATERIAL USED _____

CERTIFICATION: I certify that the waste tire material was used in the manner specified on this request during the period listed. I further certify that the documentation exists at the office of the company listed above that demonstrates that the waste tire material was from waste tires that were generated in Virginia as defined in the Waste Tire End User Reimbursement Regulations (VR 672-60-01). ADDITIONALLY, I certify that records exist in our office, for review by DEQ, that shows the purchase price or cost of use and the amount of waste tire material that was used.

SIGNATURE _____ DATE _____

FOR DEQ USE ONLY
USE TONS RATE AMOUNT OF REIMBURSEMENT DUE

APPROVED FOR PAYMENT PROCESSING _____ DATE _____

DEPARTMENT OF ENVIRONMENTAL QUALITY, WASTE TIRE PROGRAM, 629 E. MAIN STREET, RICHMOND, VA 23219
DEQ-EURR 6/95

WE ENJOY AND PROTECT THE ENVIRONMENT FOR THE PEOPLE OF VIRGINIA

VA.R. Doc. No. R96-260; Filed February 29, 1996, 4:01 p.m.

Virginia Register of Regulations

STATE CORPORATION COMMISSION

PROPOSED REGULATION

Title of Regulation: 14 VAC 5-170-10 et seq. Rules Governing Minimum Standards for Medicare Supplement Policies (Insurance Regulation 35) (amending 14 VAC 5-170-20 through 14 VAC 5-170-100, 14 VAC 5-170-120, 14 VAC 5-170-130, 14 VAC 5-170-150, 14 VAC 5-170-160, and 14 VAC 5-170-180; Appendices A, B, and C).

Statutory Authority: §§ 12.1-13 and 38.2-223 of the Code of Virginia.

AT RICHMOND, FEBRUARY 29, 1996

COMMONWEALTH OF VIRGINIA, *ex rel.*

STATE CORPORATION COMMISSION

CASE NO. INS960034

Ex Parte: In the matter of adopting revised Rules Governing Minimum Standards for Medicare Supplement Policies

ORDER TO TAKE NOTICE

WHEREAS, Virginia Code § 12.1-13 provides that the Commission shall have the power to promulgate rules and regulations in the enforcement and administration of all laws within its jurisdiction, and Virginia Code § 38.2-223 provides that the Commission may issue any rules and regulations necessary or appropriate for the administration and enforcement of Title 38.2 of the Code of Virginia;

WHEREAS, the Bureau of Insurance has submitted to the Commission a proposed revised regulation entitled "Rules Governing Minimum Standards for Medicare Supplement Policies"; and

WHEREAS, the Commission is of the opinion that the proposed revised regulation should be adopted;

THEREFORE, IT IS ORDERED THAT:

(1) All interested persons TAKE NOTICE that the Commission shall enter an order subsequent to April 12, 1996, adopting the revised regulation proposed by the Bureau of Insurance unless on or before April 12, 1996, any person objecting to the adoption of such a regulation files a request for a hearing, and in such request specifies in detail their objection to the adoption of the proposed revised regulation, with the Clerk of the Commission, Document Control Center, P.O. Box 2118, Richmond, Virginia 23218;

(2) An attested copy hereof, together with a copy of the proposed revised regulation, be sent by the Clerk of the Commission to the Bureau of Insurance in care of Deputy Commissioner Gerald A. Milsky who shall forthwith give further notice of the proposed adoption of the regulation by mailing a copy of this order, together with a complete draft of the proposed regulation, to all insurers, health services plans, and health maintenance organizations licensed to write medicare supplement insurance in the Commonwealth of Virginia; and

(3) That the Bureau of Insurance shall file with the Clerk of the Commission an affidavit of compliance with the notice requirements of paragraph (2) above.

~~14 VAC 5-170-20. [Reserved Section].~~

~~14 VAC 5-170-30. 14 VAC 5-170-20. Applicability and scope.~~

A. Except as otherwise specifically provided in this chapter, ~~14 VAC 5-170-70 14 VAC 5-170-60, 14 VAC 5-170-110, 14 VAC 5-170-120, 14 VAC 5-170-150 and 14 VAC 5-170-200 of this chapter shall apply to:~~

1. All Medicare supplement policies delivered or issued for delivery in this Commonwealth on or after ~~July 30, 1992~~ hereof April 28, 1996, and
2. All certificates issued under group Medicare supplement policies for which certificates have been delivered or issued for delivery in this Commonwealth.

B. This chapter shall not apply to a policy or contract of one or more employers or labor organizations, or of the trustees of a fund established by one or more employers or labor organizations, or combination thereof, for employees or former employees, or a combination thereof, or for members or former members, or a combination thereof, of the labor organizations.

~~14 VAC 5-170-40. 14 VAC 5-170-30. Definitions.~~

For purposes of this chapter (14 VAC 5-170-10 et seq.):

"*Applicant*" means:

1. In the case of an individual Medicare supplement policy, the person who seeks to contract for insurance benefits, and
2. In the case of a group Medicare supplement policy, the proposed certificateholder.

"*Certificate*" means any certificate delivered or issued for delivery in this Commonwealth under a group Medicare supplement policy.

"*Certificate form*" means the form on which the certificate is delivered or issued for delivery by the issuer.

"*Issuer*" includes insurance companies, fraternal benefit societies, health service plans, health maintenance organizations, and any other entity delivering or issuing for delivery in this Commonwealth Medicare supplement policies or certificates.

"*Medicare*" means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965 (Public Law 89-97, 79 Stat. 286 (July 30, 1965), as then constituted or later amended.

"*Medicare supplement policy*" means a group or individual policy of accident and sickness insurance or a subscriber contract of health service plans or health maintenance organizations, other than a policy issued pursuant to a contract under Section § 1876 or ~~Section 1833~~ of the federal Social Security Act (42 USC § 1395 et seq.) or an issued policy under a demonstration project authorized pursuant to

State Corporation Commission

~~amendments to the federal Social Security Act (42 USC § 304 et seq.), specified in 42 USC § 1395ss(g)(1), which is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare.~~

"Policy form" means the form on which the policy is delivered or issued for delivery by the issuer.

~~14 VAC 5-170-50. 14 VAC 5-170-40. Policy definitions and terms.~~

No policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless such policy or certificate contains definitions or terms which conform to the requirements of this section.

"Accident," "accidental injury," or "accidental means" shall be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

1. The definition shall not be more restrictive than the following: "Injury or injuries for which benefits are provided means accidental bodily injury sustained by the insured person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while insurance coverage is in force."

2. Such *The* definition may provide that injuries shall not include injuries for which benefits are provided or available under any workers' compensation, employer's liability or similar law, or motor vehicle no-fault plan, unless prohibited by law.

"Benefit period" or "Medicare benefit period" shall not be defined more restrictively than as defined in the Medicare program.

"Convalescent nursing home," "extended care facility," or "skilled nursing facility" shall not be defined more restrictively than as defined in the Medicare program.

"Health care expenses" means expenses of health maintenance organizations associated with the delivery of health care services, which expenses are analogous to incurred losses of insurers.

Such expenses shall not include:

1. Home office and overhead costs;
2. Advertising costs;
3. Commissions and other acquisition costs;
4. Taxes;
5. Capital costs;
6. Administrative costs; and
7. Claims processing costs.

"Hospital" may be defined in relation to its status, facilities and available services or to reflect its accreditation by the

Joint Commission on Accreditation of Hospitals, but not more restrictively than as defined in the Medicare program.

"Medicare" shall be defined in the policy and certificate. Medicare may be substantially defined as "The Health Insurance for the Aged Act, Title XVII of the Social Security Amendments of 1965 (42 USC § 1395 et seq.)," or "Title I, Part I of Public Law 89-97, as enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof," or words of similar import.

"Medicare eligible expenses" shall mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

"Physician" shall not be defined more restrictively than as defined in the Medicare program.

"Sickness" shall not be defined to be more restrictive than the following:

"Sickness means illness or disease of an insured person which first manifests itself after the effective date of insurance and while the insurance is in force."

The definition may be further modified to exclude sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

~~14 VAC 5-170-60. 14 VAC 5-170-50. Policy provisions.~~

A. Except for permitted preexisting condition clauses as described in ~~14 VAC 5-170-70 14 VAC 5-170-60 B 1 and 44 VAC 5-170-80 14 VAC 5-170-70 B 1~~, no policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy if such policy or certificate contains limitations or exclusions on coverage that are more restrictive than those of Medicare.

B. No Medicare supplement policy or certificate may use waivers to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions.

C. No Medicare supplement policy or certificate in force in the Commonwealth shall contain benefits which duplicate benefits provided by Medicare.

~~14 VAC 5-170-70. 14 VAC 5-170-60. Minimum benefit standards for policies or certificates issued for delivery prior to July 30, 1992.~~

A. No policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless it meets or exceeds the following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

B. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this chapter.

1. A Medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate shall not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

2. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

3. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.

4. A "noncancellable," "guaranteed renewable," or "noncancellable and guaranteed renewable" Medicare supplement policy shall not:

a. Provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium; or

b. Be cancelled or nonrenewed by the issuer solely on the grounds of deterioration of health.

5. a. Except as authorized by the Commission, an issuer shall neither cancel nor nonrenew a Medicare supplement policy or certificate for any reason other than nonpayment of premium or material misrepresentation.

b. If a group Medicare supplement insurance policy is terminated by the group policyholder and not replaced as provided in 5 d, the issuer shall offer certificateholders an individual Medicare supplement policy. The issuer shall offer the certificateholder at least the following choices:

(1) An individual Medicare supplement policy currently offered by the issuer having comparable benefits to those contained in the terminated group Medicare supplement policy; and

(2) An individual Medicare supplement policy which provides only such benefits as are required to meet the minimum standards as defined in ~~14 VAC 5-170-70~~ subsection C of this section.

c. If membership in a group is terminated, the issuer shall:

(1) Offer the certificateholder such the conversion opportunities as are described in subdivision (b) 5 b of this subsection; or

(2) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

d. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the succeeding issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new group policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

6. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or to payment of the maximum benefits.

C. Minimum benefit standards.

1. Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

2. Coverage for either all or none of the Medicare Part A inpatient hospital deductible amount;

3. Coverage of Part A Medicare eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days;

4. Upon exhaustion of all Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 90% of all Medicare Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days;

5. Coverage under Medicare Part A for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part B;

6. Coverage for the coinsurance amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part B deductible [\$100];

7. Effective January 1, 1990, coverage under Medicare Part B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations or already paid for under Part A, subject to the Medicare deductible amount.

~~14 VAC 5-170-80.~~ **14 VAC 5-170-70. Benefit standards for policies or certificates issued or delivered on or after July 30, 1992.**

A. The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this Commonwealth on or after July 30, 1992. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this Commonwealth as a Medicare

State Corporation Commission

supplement policy or certificate unless it complies with these benefit standards.

B. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this chapter.

1. A Medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than six (6) months from the effective date of coverage because it involved a preexisting condition. The policy or certificate may not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months before the effective date of coverage.

2. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

3. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes provided that loss ratios are being met.

4. No Medicare supplement policy or certificate shall provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium.

5. Each Medicare supplement policy shall be guaranteed renewable and.

a. The issuer shall not cancel or nonrenew the policy solely on the ground of health status of the individual; and.

b. The issuer shall not cancel or nonrenew the policy for any reason other than nonpayment of premium or material misrepresentation.

c. If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided under ~~14 VAC 5-170-80 B subdivision 5 e of this subsection~~, the issuer shall offer certificateholders an individual Medicare supplement policy which (at the option of the certificateholder):

(1) Provides for continuation of the benefits contained in the group policy, or

(2) Provides for such benefits as ~~that~~ otherwise meets ~~meet~~ the requirements of this subsection.

d. If an individual is a certificateholder in a group Medicare supplement policy and the individual terminates membership in the group, the issuer shall:

(1) Offer the certificateholder the conversion opportunity described in ~~14 VAC 5-170-80 B subdivision 5 c of this subsection~~; or

(2) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

e. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the ~~succeeding~~ issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

6. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits.

7. a. A Medicare supplement policy or certificate shall provide that benefits and premiums under the policy or certificate shall be suspended at the request of the policyholder or certificateholder for the period (not to exceed 24 months) in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act (42 USC § 1396), but only if the policyholder or certificateholder notifies the issuer of such policy or certificate within 90 days after the date the individual becomes entitled to such assistance. ~~Upon receipt of timely notice, the issuer shall return to the policyholder or certificateholder that portion of the premium attributable to the period of Medicaid eligibility, subject to adjustment for paid claims.~~

b. If such suspension occurs and if the policyholder or certificateholder loses entitlement to such medical assistance, ~~such~~ the policy or certificate shall be automatically reinstated (effective as of the date of termination of such entitlement) as of the termination of ~~such~~ entitlement if the policyholder or certificateholder provides notice of loss of ~~such~~ entitlement within 90 days after the date of ~~such~~ loss and pays the premium attributable to the period, effective as of the date of termination of such entitlement.

c. Reinstatement of such coverages:

(1) Shall not provide for any waiting period with respect to treatment of preexisting conditions;

(2) Shall provide for coverage which is substantially equivalent to coverage in effect before the date of such suspension; and

(3) Shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.

C. Standards for basic ("core") benefits common to all benefit plans. Every issuer shall make available a policy or certificate including only the following basic "core" package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare Supplement Insurance Benefit Plans in addition to the basic "core" package, but not in lieu thereof of it.

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of the Medicare Part A eligible expenses for hospitalization paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;
5. Coverage for the coinsurance amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;

D. Standards for additional benefits. The following additional benefits shall be included in Medicare Supplement Benefit Plans "B" through "J" only as provided by 44 VAC 5-170-90 14 VAC 5-170-80 of this chapter.

1. Medicare Part A deductible. Coverage for all of the Medicare Part A inpatient hospital deductible amount per benefit period.
2. Skilled nursing facility care. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for posthospital skilled nursing facility care eligible under Medicare Part A.
3. Medicare Part B deductible. Coverage for all of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.
4. Eighty percent of the Medicare Part B excess charges. Coverage for 80% of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.
5. One hundred percent of the Medicare Part B excess charges. Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare

program or state law, and the Medicare-approved Part B charge.

6. Basic outpatient prescription drug benefit. Coverage for 50% of outpatient prescription drug charges, after a \$250 calendar year deductible, to a maximum of \$1,250 in benefits received by the insured per calendar year, to the extent not covered by Medicare.
7. Extended outpatient prescription drug benefit. Coverage for 50% of outpatient prescription drug charges, after a \$250 calendar year deductible to a maximum of \$3,000 in benefits received by the insured per calendar year, to the extent not covered by Medicare.
8. Medically necessary emergency care in a foreign country. Coverage to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.
9. Preventive medical care benefit. Coverage for the following preventive health services:
 - a. An annual clinical preventive medical history and physical examination that may include tests and services from subdivision b and patient education to address preventive health care measures.
 - b. Any one or a combination of the following preventive screening tests or preventive services, the frequency of which is considered medically appropriate:
 - (1) Fecal occult blood test and/or digital rectal examination, or both;
 - (2) Mammogram;
 - (3) Dipstick urinalysis for hematuria, bacteriuria and proteinuria;
 - (4) Pure tone (air only) hearing screening test, administered or ordered by a physician;
 - (5) Serum cholesterol screening (every five years);
 - (6) Thyroid function test;
 - (7) Diabetes screening.
 - c. Influenza vaccine administered at any appropriate time during the year and Tetanus and Diphtheria booster (every 10 years).
 - d. Any other tests or preventive measures determined, appropriate by the attending physician. Reimbursement shall be for the actual charges up to 100% of the Medicare-approved amount for each service, as if Medicare were to cover the service as identified in American Medical Association Current

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Procedural Terminology (AMA CPT) codes, to a maximum of \$120 annually under this benefit. This benefit shall not include payment for any procedure covered by Medicare.

10. At-home recovery benefit. Coverage for services to provide short term, at-home assistance with activities of daily living for those recovering from an illness, injury or surgery.

a. For purposes of this benefit, the following definitions shall apply:

"Activities of daily living" include, but are not limited to, bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.

"Care provider" means a duly qualified or licensed home health aide/ or homemaker, personal care aide or nurse provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry.

"Home" shall mean any place used by the insured as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. A hospital or skilled nursing facility shall not be considered the insured's place of residence.

"At-home recovery visit" means the period of a visit required to provide at home recovery care, without limit on the duration of the visit, except each consecutive four hours in a 24-hour period of services provided by a care provider is one visit.

b. Coverage requirements and limitations:

(1) At-home recovery services provided must be primarily services which assist in activities of daily living.

(2) The insured's attending physician must certify that the specific type and frequency of at-home recovery services are necessary because of a condition for which a home care plan of treatment was approved by Medicare; and

(3) Coverage is limited to:

(a) No more than the number and type of at-home recovery visits certified as necessary by the insured's attending physician. The total number of at-home recovery visits shall not exceed the number of Medicare approved home health care visits under a Medicare approved home care plan of treatment;

(b) The actual charges for each visit up to a maximum reimbursement of \$40 per visit;

(c) One thousand six hundred dollars per calendar year;

(d) Seven visits in any one week;

(e) Care furnished on a visiting basis in the insured's home;

(f) Services provided by a care provider as defined in this section;

(g) At-home recovery visits while the insured is covered under the policy or certificate and not otherwise excluded;

(h) At-home recovery visits received during the period the insured is receiving Medicare approved home care services or no more than eight weeks after the service date of the last Medicare approved home health care visit.

c. Coverage is excluded for:

(1) Home care visits paid for by Medicare or other government programs; and

(2) Care provided by family members, unpaid volunteers or providers who are not care providers.

11. New or innovative benefits. An issuer may, with the prior approval of the commission, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. Such The new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner which is consistent with the goal of simplification of Medicare supplement policies.

~~14 VAC 5-170-80~~, ~~14 VAC 5-170-80~~. Standard Medicare supplement benefit plans.

A. An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic "core" benefits, as defined in ~~14 VAC 5-170-80~~ ~~14 VAC 5-170-70 C~~.

B. No groups, packages or combinations of Medicare supplement benefits other than those listed in this section shall be offered for sale in this state, except as may be permitted in ~~14 VAC 5-170-80~~ ~~14 VAC 5-170-70 D 11~~ and ~~14 VAC 5-170-90~~.

C. Benefit plans shall be uniform in structure, language, designation and format to the standard benefit plans "A" through "J" listed in this subsection and conform to the definitions in ~~14 VAC 5-170-40~~ ~~14 VAC 5-170-30~~. Each benefit shall be structured in accordance with the format provided in ~~14 VAC 5-170-80~~ ~~14 VAC 5-170-70 C~~ and D and list the benefits in the order shown in this subsection. For purposes of this section, "structure, language, and format" means style, arrangement and overall content of a benefit.

D. An issuer may use, in addition to the benefit plan designations required in subsection C, other designations to the extent permitted by law.

E. Make-up of benefit plans:

1. Standardized Medicare supplement benefit plan "A" shall be limited to the basic ("core") benefits common to

all benefit plans, as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C.

2. Standardized Medicare supplement benefit plan "B" shall include only the following: The core benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C plus the Medicare Part A deductible as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 D 1.

3. Standardized Medicare supplement benefit plan "C" shall include only the following: The core benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible and medically necessary emergency care in a foreign country as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 D 1, 2, 3 and 8 respectively.

4. Standardized Medicare supplement benefit plan "D" shall include only the following: The core benefit (as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C), plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in foreign country and the at-home recovery benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 D 1, 2, 8 and 10 respectively.

5. Standardized Medicare supplement benefit plan "E" shall include only the following: The core benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country and preventive medical care as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 D 1, 2, 8 and 9 respectively.

6. Standardized Medicare supplement benefit plan "F" shall include only the following: The core benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C, plus the Medicare Part A deductible, the skilled nursing facility care, the Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 D 1, 2, 3, 5 and 8 respectively.

7. Standardized Medicare supplement benefit plan "G" shall include only the following: The core benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, 80% of the Medicare Part B excess charges, medically necessary emergency care in a foreign country, and the at-home recovery benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 D 1, 2, 4, 8 and 10 respectively.

8. Standardized Medicare supplement benefit plan "H" shall consist of only the following: The core benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, basic prescription drug benefit and medically necessary emergency care in a foreign country as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 D 1, 2, 6 and 8 respectively.

9. Standardized Medicare supplement benefit plan "I" shall consist of only the following: The core benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, 100% of the Medicare Part B excess charges, basic prescription drug benefit, medically necessary emergency care in a foreign country and at-home recovery benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 D 1, 2, 5, 6, 8 and 10 respectively.

10. Standardized Medicare supplement benefit plan "J" shall consist of only the following: The core benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, 100% of the Medicare Part B excess charges, extended prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care and at-home recovery benefit as defined in ~~44 VAC 5-170-80~~ 14 VAC 5-170-70 D 1, 2, 3, 5, 7, 8, 9 and 10 respectively.

14 VAC 5-170-90. Medicare Select policies and certificates.

A. 1. *This section shall apply to Medicare Select policies and certificates, as defined in this section.*

2. *No policy or certificate may be advertised as a Medicare Select policy or certificate unless it meets the requirements of this section.*

B. *For the purposes of this section:*

"Complaint" means any dissatisfaction expressed by an individual concerning a Medicare Select issuer or its network providers.

"Grievance" means dissatisfaction expressed in writing by an individual insured under a Medicare Select policy or certificate with the administration, claims practices, or provision of services concerning a Medicare Select issuer or its network providers.

"Medicare Select issuer" means an issuer offering, or seeking to offer, a Medicare Select policy or certificate.

"Medicare Select policy" or "Medicare Select certificate" mean respectively a Medicare supplement policy or certificate that contains restricted network provisions.

"Network provider" means a provider of health care, or a group of providers of health care, which has entered into a written agreement with the issuer to provide benefits insured under a Medicare Select policy.

"Restricted network provision" means any provision which conditions the payment of benefits, in whole or in part, on the use of network providers.

"Service area" means the geographic area approved by the commission within which an issuer is authorized to offer a Medicare Select policy.

C. *The commission may authorize an issuer to offer a Medicare Select policy or certificate, pursuant to this section and § 4358 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (42 USC § 1395ss (t)) if the commission finds that the issuer has satisfied all of the requirements of this chapter.*

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D. A Medicare Select issuer shall not issue a Medicare Select policy or certificate in this Commonwealth until its plan of operation has been approved by the commission.

E. A Medicare Select issuer shall file a proposed plan of operation with the commission in a format prescribed by the commission. The plan of operation shall contain at least the following information:

1. Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that:

a. Services can be provided by network providers with reasonable promptness with respect to geographic location, hours of operation and after-hour care. The hours of operation and availability of after-hour care shall reflect usual practice in the local area. Geographic availability shall reflect the usual travel times within the community.

b. The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either:

(1) To deliver adequately all services that are subject to a restricted network provision; or

(2) To make appropriate referrals.

c. There are written agreements with network providers describing specific responsibilities.

d. Emergency care is available 24 hours per day and seven days per week.

e. In the case of covered services that are subject to a restricted network provision and are provided on a prepaid basis, there are written agreements with network providers prohibiting such providers from billing or otherwise seeking reimbursement from or recourse against any individual insured under a Medicare Select policy or certificate. This subdivision shall not apply to supplemental charges or coinsurance amounts as stated in the Medicare Select policy or certificate.

2. A statement or map providing a clear description of the service area.

3. A description of the grievance procedure to be utilized.

4. A description of the quality assurance program, including:

a. The formal organizational structure;

b. The written criteria for selection, retention and removal of network providers; and

c. The procedures for evaluating quality of care provided by network providers, and the process to initiate corrective action when warranted.

5. A list and description, by specialty, of the network providers.

6. Copies of the written information proposed to be used by the issuer to comply with subsection I of this section.

7. Any other information requested by the commission.

F. 1. A Medicare Select issuer shall file any proposed changes to the plan of operation, except for changes to the list of network providers, with the commission prior to implementing such changes. Such changes shall be considered approved by the commission after 30 days unless specifically disapproved.

2. An updated list of network providers shall be filed with the commission at least quarterly.

G. A Medicare Select policy or certificate shall not restrict payment for covered services provided by non-network providers if:

1. The services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury or a condition; and

2. It is not reasonable to obtain such services through a network provider.

H. A Medicare Select policy or certificate shall provide payment for full coverage under the policy for covered services that are not available through network providers.

I. A Medicare Select issuer shall make full and fair disclosure in writing of the provisions, restrictions, and limitations of the Medicare Select policy or certificate to each applicant. This disclosure shall include at least the following:

1. An outline of coverage sufficient to permit the applicant to compare the coverage and premiums of the Medicare Select policy or certificate with:

a. Other Medicare supplement policies or certificates offered by the issuer; and

b. Other Medicare Select policies or certificates.

2. A description (including address, phone number and hours of operation) of the network providers, including primary care physicians, specialty physicians, hospitals and other providers.

3. A description of the restricted network provisions, including payments for coinsurance and deductibles when providers other than network providers are utilized.

4. A description of coverage for emergency and urgently needed care and other out-of-service area coverage.

5. A description of limitations on referrals to restricted network providers and to other providers.

6. A description of the policyholder's rights to purchase any other Medicare supplement policy or certificate otherwise offered by the issuer.

7. A description of the Medicare Select issuer's quality assurance program and grievance procedure.

J. Prior to the sale of a Medicare Select policy or certificate, a Medicare Select issuer shall obtain from the applicant a signed and dated form stating that the applicant

has received the information provided pursuant to subsection I of this section and that the applicant understands the restrictions of the Medicare Select policy or certificate.

K. A Medicare Select issuer shall have and use procedures for hearing complaints and resolving written grievances from the subscribers. Such procedures shall be aimed at mutual agreement for settlement and may include arbitration procedures.

1. The grievance procedure shall be described in the policy and certificates and in the outline of coverage.
2. At the time the policy or certificate is issued, the issuer shall provide detailed information to the policyholder describing how a grievance may be registered with the issuer.
3. Grievances shall be considered in a timely manner and shall be transmitted to appropriate decision makers who have authority to fully investigate the issue and take corrective action.
4. If a grievance is found to be valid, corrective action shall be taken promptly.
5. All concerned parties shall be notified about the results of a grievance.
6. The issuer shall report no later than each March 31st to the commission regarding its grievance procedure. The report shall be in a format prescribed by the commission and shall contain the number of grievances filed in the past year and a summary of the subject, nature and resolution of such grievances.

L. At the time of initial purchase, a Medicare Select issuer shall make available to each applicant for a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate otherwise offered by the issuer.

M. 1. At the request of an individual insured under a Medicare Select policy or certificate, a Medicare Select issuer shall make available to the individual insured the opportunity to purchase a Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies or certificates available without requiring evidence of insurability after the Medicare Select policy or certificate has been in force for six months.

2. For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this subdivision, a significant benefit means coverage for the Medicare Part A deductible, coverage for prescription drugs, coverage for at-home recovery services or coverage for Part B excess charges.

N. Medicare Select policies and certificates shall provide for continuation of coverage in the event the Secretary of

Health and Human Services determines that Medicare Select policies and certificates issued pursuant to this section should be discontinued due to either the failure of the Medicare Select Program to be reauthorized under law or its substantial amendment.

1. Each Medicare Select issuer shall make available to each individual insured under a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies and certificates available without requiring evidence of insurability.

2. For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this subdivision, a significant benefit means coverage for the Medicare Part A deductible, coverage for prescription drugs, coverage for at-home recovery services or coverage for Part B excess charges.

O. A Medicare Select issuer shall comply with reasonable requests for data made by state or federal agencies, including the United States Department of Health and Human Services, for the purpose of evaluating the Medicare Select Program.

14 VAC 5-170-100. Open enrollment.

A. No issuer shall not deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate available for sale in this Commonwealth, nor discriminate in the pricing of such a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant where in the case of an application for such a policy or certificate that is submitted prior to or during the six month period beginning with the first day of the first month in which an individual (who is both 65 years of age or older) first and is enrolled for benefits under Medicare Part B. Each Medicare supplement policy and certificate currently available from an insurer shall be made available to all applicants who qualify under this subsection without regard to age.

B. ~~Subsection~~ Except as provided in 14 VAC 5-170-210, subsection A shall not be construed as preventing the exclusion of benefits under a policy, during the first six months, based on a preexisting condition for which the policyholder or certificateholder received treatment or was otherwise diagnosed during the six months before it the coverage became effective.

14 VAC 5-170-120. Loss ratio standards and refund or credit of premium; annual filing; public hearing.

A. 1. Loss ratio standards. A Medicare supplement policy form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to

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policyholders and certificate holders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form:

- a. At least 75% of the aggregate amount of premiums earned in the case of group policies; or
- b. At least 65% of the aggregate amount of premiums earned in the case of individual policies,

calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health maintenance organization on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices.

2. All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

3. For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet:

- a. The originally filed anticipated loss ratio when combined with the actual experience since inception;
- b. The appropriate loss ratio requirement from subdivision 1 a and b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and
- c. The appropriate loss ratio requirement from subdivision 1 a and b of this subsection over the entire future period for which the rates are computed to provide coverage.

B. 1. Refund or credit calculation. An issuer shall collect and file with the commission by May 31 of each year the data contained in the *applicable* reporting form contained in Appendix A for each type in a standard Medicare supplement benefit plan.

2. If on the basis of the experience as reported the benchmark ratio since inception (ratio 1) exceeds the adjusted experience ratio since inception (ratio 3), then a refund or credit calculation is required. The refund calculation shall be done on a statewide basis for each type in a standard Medicare supplement benefit plan. For purposes of the refund or credit calculation, experience on policies issued within the reporting year shall be excluded.

3. For the purposes of this section, policies or certificates issued prior to July 30, 1992, the issuer shall make the refund or credit calculation separately for all individual policies (including all group policies subject to an individual loss ratio standard when issued) combined and all other group policies combined for experience after April 28, 1996. The first such report shall be due by May 31, 1998.

3- 4. A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a de minimis level. ~~Such~~ The refund shall include interest from the end of the calendar year to the date of the refund or credit at a rate specified by the Secretary of Health and Human Services, but in no event shall it be less than the average rate of interest for 13-week Treasury notes. A refund or credit against premiums due shall be made by September 30 following the experience year upon which the refund or credit is based.

C. Annual filing of premium rates. An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the commission in accordance with the filing requirements and procedures prescribed by the commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. ~~Such~~ The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.

As soon as practicable, but prior to the effective date of enhancements in Medicare benefits, every issuer of Medicare supplement policies or certificates in this Commonwealth shall file with the commission, in accordance with the applicable filing procedures of this Commonwealth:

1. a. Appropriate premium adjustments necessary to produce loss ratios as anticipated for the current premium for the applicable policies or certificates. ~~Such~~ The supporting documents as necessary to justify the adjustment shall accompany the filing.

b. An issuer shall make such premium adjustments as are necessary to produce an expected loss ratio under ~~such~~ the policy or certificate as ~~will~~ to conform with minimum loss ratio standards for Medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for ~~such~~ the Medicare supplement policies or certificates. No premium adjustment which would modify the loss ratio experience under the policy other than the adjustments described herein shall be made with respect to a policy at any time other than upon its renewal date or anniversary date.

c. If an issuer fails to make premium adjustments acceptable to the commission, the commission may order premium adjustments, refunds or premium credits deemed necessary to achieve the loss ratio required by this section.

2. Any appropriate riders, endorsements or policy forms needed to accomplish the Medicare supplement policy or

certificate modifications necessary to eliminate benefit duplications with Medicare. ~~Such~~ *The* riders, endorsements or policy forms shall provide a clear description of the Medicare supplement benefits provided by the policy or certificate.

D. Public hearings. The commission may conduct a public hearing to gather information concerning a request by an issuer for an increase in a rate for a policy form or certificate form issued before or after July 30, 1992 if the experience of the form for the previous reporting period is not in compliance with the applicable loss ratio standard. The determination of compliance is made without consideration of any refund or credit for such reporting period. Public notice of ~~such~~ *the* hearing shall be furnished in a manner deemed appropriate by the commission.

14 VAC 5-170-130. Filing and approval of policies and certificates and premium rates.

A. An issuer shall not deliver or issue for delivery a policy or certificate to a resident of this Commonwealth unless the policy form or certificate form has been filed with and approved by the commission in accordance with filing requirements and procedures prescribed by the commission.

B. An issuer shall not use or change premium rates for a Medicare supplement policy or certificate unless the rates, rating schedule and supporting documentation have been filed with and approved by the commission in accordance with the filing requirements and procedures prescribed by the commission.

C. 1. Except as provided in subdivision 2 of this subsection, an issuer shall not file for approval more than one form of a policy or certificate of each type for each standard Medicare supplement benefit plan.

2. An issuer may offer, with the approval of the commission, up to four additional policy forms or certificate forms of the same type for the same standard Medicare supplement benefit plan, one for each of the following cases:

- a. The inclusion of new or innovative benefits;
- b. The addition of either direct response or agent marketing methods;
- c. The addition of either guaranteed issue or underwritten coverage;
- d. The offering of coverage to individuals eligible for Medicare by reason of disability.

3. For the purposes of this section, a "type" means an individual policy ~~or~~, a group policy, *an individual Medicare Select policy, or a group Medicare Select policy.*

D. 1. Except as provided in subdivision 1a, an issuer shall continue to make available for purchase any policy form or certificate form issued after July 30, 1992, that has been approved by the commission. A policy form or certificate form shall not be considered to be available for purchase unless the issuer has actively offered it for sale in the previous 12 months.

a. An issuer may discontinue the availability of a policy form or certificate form if the issuer provides to the commission in writing its decision at least 30 days prior to discontinuing the availability of the form of the policy or certificate. After receipt of the notice by the commission, the issuer shall no longer offer for sale the policy form or certificate form in this Commonwealth.

b. An issuer that discontinues the availability of a policy form or certificate form pursuant to subdivision a shall not file for approval a new policy form or certificate form of the same type for the same standard Medicare supplement benefit plan as the discontinued form for a period of five years after the issuer provides notice to the commission of the discontinuance. The period of discontinuance may be reduced if the commission determines that a shorter period is appropriate.

2. The sale or other transfer of Medicare supplement business to another issuer shall be considered a discontinuance for the purposes of this subsection.

3. A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 unless the issuer complies with the following requirements:

a. The issuer provides an actuarial memorandum, in a form and manner prescribed by the commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and ~~resultant~~ *existing* rates.

b. The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change. The commission may approve a change to the differential which is in the public interest.

E. 1. Except as provided in subdivision 2 *of this subsection*, the experience of all policy forms or certificate forms of the same type in a standard Medicare supplement benefit plan shall be combined for purposes of the refund or credit calculation prescribed in 14 VAC 5-170-120 of this chapter.

2. Forms assumed under an assumption reinsurance agreement shall not be combined with the experience of other forms for purposes of the refund or credit calculation.

14 VAC 5-170-150. Required disclosure provisions.

A. General rules.

1. Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of such provision shall be consistent with the type of contract issued. ~~Such~~ *The* provision shall be appropriately captioned and shall appear on the first page of the policy, and shall include

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any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the policyholder's age.

2. Except for riders or endorsements by which the issuer effectuates a request made in writing by the insured, exercises a specifically reserved right under a Medicare supplement policy, or is required to reduce or eliminate benefits to avoid duplication of Medicare benefits, all riders or endorsements added to a Medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require a signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing signed by the insured, unless the benefits are required by the minimum standards for Medicare supplement policies, or if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, ~~such~~ *the* premium charge shall be set forth in the policy.

3. Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import.

4. If a Medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, such limitations shall appear as a separate paragraph of the policy and be labeled as "Preexisting Condition Limitations."

5. Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate or attached thereto stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within 30 days of its delivery and to have all premiums made for the policy refunded if, after examination of the policy or certificate, the insured person is not satisfied for any reason.

6. Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis, ~~other than incidentally,~~ to a person(s) eligible for Medicare ~~by reason of age~~ shall provide to such ~~those~~ applicants a Medicare supplement buyer's guide *Guide to Health Insurance for People with Medicare* in the form developed jointly by the National Association of Insurance Commissioners and the Health Care Financing Administration and in a type size no smaller than 12 point type. Delivery of the ~~buyer's~~ guide shall be made whether or not such policies or certificates are advertised, solicited or issued as Medicare supplement policies or certificates as defined in this chapter. Except in the case of direct response issuers, delivery of the ~~buyer's~~ guide shall be made to the applicant at the time of application and acknowledgement of receipt of the ~~buyer's~~ guide shall be obtained by the issuer. Direct response issuers shall deliver the ~~buyer's~~ guide to the

applicant upon request but not later than at the time the policy is delivered.

For the purposes of this section, "form" means the language, format, type size, type proportional spacing, bold character, and line spacing.

B. Notice requirements.

1. As soon as practicable, but no later than 30 days prior to the annual effective date of any Medicare benefit changes, an issuer shall notify its policyholders and certificateholders of modifications it has made to Medicare supplement insurance policies or certificates in a format acceptable to the commission. ~~Such~~ *The* notice shall:

a. Include a description of revisions to the Medicare program and a description of each modification made to the coverage provided under the Medicare supplement policy or certificate, and

b. Inform each policyholder or certificateholder as to when any premium adjustment is to be made due to changes in Medicare.

2. The notice of benefit modifications and any premium adjustments shall be in outline form and in clear and simple terms so as to facilitate comprehension.

3. Such notices shall not contain or be accompanied by any solicitation.

C. Outline of coverage requirements for Medicare Supplement Policies.

1. Issuers shall provide an outline of coverage to all applicants at the time application is presented to the prospective applicant and, except for direct response policies, shall obtain an acknowledgement of receipt of ~~such~~ *the* outline from the applicant; and

2. If an outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany such policy or certificate when it is delivered and contain the following statement, in no less than 12 point type, immediately above the company name:

"NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued."

3. The outline of coverage provided to applicants pursuant to this section consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language and format prescribed below in no less than 12 point type. All plans A-J shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be

prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

4. The following items shall be included in the outline of coverage in the order prescribed below in the following table.

[COMPANY NAME]
 Outline of Medicare Supplement Coverage-Cover Page:
 Benefit Plan(s) _____ [insert letter(s) of plans plan(s) being offered]

Medicare supplement insurance can be sold in only ten standard plans. This chart shows the benefits included in each plan. Every company must make available Plan "A." Some plans may not be available in your state.

Basic Benefits: Included in all Plans.

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses).

Blood: First three pints of blood each year.

A	B	C	D	E	F	G	H	I	J
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery
							Basic Drug Benefit (\$1,250 Limit)	Basic Drug Benefit (\$1,250 Limit)	Extended Drug Benefit (\$3,000 Limit)
				Preventive Care					Preventive Care

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PREMIUM INFORMATION

[Boldface Type]

We [insert issuer's name] can only raise your premium if we raise the premium for all policies like yours in this State. [If the premium is based on the increasing age of the insured, include information specifying when premiums will change.]

DISCLOSURES

[Boldface Type]

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

[Boldface Type]

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

[Boldface Type]

If you find that you are not satisfied with your policy, you may return it to [insert issuer's address]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

[Boldface Type]

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

[Boldface Type]

This policy may not fully cover all of your medical costs.

[for agents:]

Neither [insert company's name] nor its agents are connected with Medicare.

[for direct response:]

[insert company's name] is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "The Medicare Handbook" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

[Boldface Type]

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

[Include for each plan prominently identified in the cover page, a chart showing the services, Medicare payments, plan

payments and insured payments for each plan, using the same language, in the same order, using uniform layout and format as shown in the charts below. No more than four plans may be shown on one chart. For purposes of illustration, charts for each plan are included in this regulation. An issuer may use additional benefit plan designations on these charts pursuant to ~~Section 40-D of this regulation~~ 14 VAC 5-170-80.]

[Include an explanation of any innovative benefits on the cover page and in the chart, in a manner approved by the commission.]

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PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$0	\$652716 (Part A Deductible)
61st thru 90th day	All but \$463179 a day	\$463179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$362358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$81.5089.50 a day	\$0	\$Up to \$81.5089.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill <i>and</i> you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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PLAN A

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

State Corporation Commission

PLAN B MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$652716 (Part A Deductible)	\$0
61st thru 90th day	All but \$463179 a day	\$463179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$326358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$81,5089.50 a day	\$0	Up to \$81,5089.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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PLAN B

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare - Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

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PLAN C

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$652716 (Part A Deductible)	\$0
61st thru 90th day	All but \$463179 a day	\$463179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$326358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$84,5089.50 a day	Up to \$84,5089.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

State Corporation Commission

PLAN C

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare - Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 <i>Generally 80%</i> \$0	\$100 (Part B Deductible) <i>Generally 20%</i> \$0	\$0 \$0 All Costs
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$100 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$100 (Part B Deductible) 20%	\$0 \$0 \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN D

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$652716 (Part A Deductible)	\$0
61st thru 90th day	All but \$463179 a day	\$463179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$326358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$81,5089.50 a day	Up to \$81,5089.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

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HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
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PLAN D

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare - Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 <i>Generally 80%</i> \$0	\$0 <i>Generally 20%</i> \$0	\$100 (Part B Deductible) \$0 All Costs
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

PLAN D (continued)

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
AT-HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
- Benefit for each visit	\$0	Actual Charge Charges to \$40 a visit	Balance
- Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare-approved visits not to exceed 7 each week	
- Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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PLAN E

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$652716 (Part A Deductible)	\$0
61st thru 90th day	All but \$163179 a day	\$163179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$326358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$81.5089.50 a day	Up to \$81.5089.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill <i>and</i> you elect to receive these services			
	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN E

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

(continued)

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PLAN E (continued)

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</p> <p>Medically necessary emergency care service <i>services</i> beginning during the first 60 days of each trip outside the USA</p> <p>First \$250 each calendar year</p> <p>Remainder of Charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250</p> <p>20% and amount <i>amounts</i> over the \$50,000 lifetime maximum</p>
<p>PREVENTIVE MEDICAL CARE BENEFIT - NOT COVERED BY MEDICARE</p> <p>Annual physical and preventive tests and services such as: fecal occult blood tests, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function tet<i>test</i>, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare</p> <p>First \$120 each calendar year</p> <p>Additional charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$120</p> <p>\$0</p>	<p>\$0</p> <p>All Costs</p>

PLAN F

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$652716 (Part A Deductible)	\$0
61st thru 90th day	All but \$463179 a day	\$463179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$326358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$84,5089.50 a day	Up to \$84,5089.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

State Corporation Commission

PLAN F

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare - Approved amounts for covered services (which are noted with an asterik asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

State Corporation Commission

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN G

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$652716 (Part A Deductible)	\$0
61st thru 90th day	All but \$163179 a day	\$163179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$326358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$81,5089.50 a day	Up to \$81,5089.50 a day	\$0
101st day and after	\$0	\$0	All Costs

State Corporation Commission

BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN G

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	80%	20%
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	0% \$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

PLAN G (continued)

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
AT HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
- Benefit for each visit	\$0	Actual Charge Charges to \$40 a visit	Balance
- Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	\$0	Up to the number of Medicare approved visits not to exceed 7 each week	
- Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

State Corporation Commission

PLAN H

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$652716 (Part A Deductible)	\$0
61st thru 90th day	All but \$463179 a day	\$463179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$326358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$81,5089.50 a day	Up to \$81,5089.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN H

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare - Approved amounts for covered services (which are noted with an asterisk), your part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

(continued)

State Corporation Commission

PLAN H (continued)

OTHER BENEFITS - NOT COVERED BY MEDICARE

<p>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</p> <p>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <p>First \$250 each calendar year</p> <p>Remainder of Charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250</p> <p>20% and amounts over the \$50,000 lifetime maximum</p>
<p>BASIC OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE</p> <p>First \$250 each calendar year</p> <p>Next \$2,500 each calendar year</p> <p>Over \$2,500 each calendar year</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>50% - \$1,250 calendar year maximum benefit</p> <p>\$0</p>	<p>\$250</p> <p>50%</p> <p>All Costs</p>

PLAN I

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$652716 (Part A Deductible)	\$0
61st thru 90th day	All but \$463179 a day	\$463179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$326358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$81.5089.50 a day	Up to \$81.5089.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

State Corporation Commission

PLAN I

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

PLAN I (continued)

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
AT HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
- Benefit for each visit	\$0	Actual Charge Charges to \$40 a visit	Balance
- Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits not to exceed 7 each week	
- Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges*	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
BASIC OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE			
First \$250 each calendar year	\$0	\$0	\$250
Next \$2,500 each calendar year	\$0	50% - \$1,250 calendar year maximum benefit	50%
Over \$2,500 each calendar year	\$0	\$0	All Costs

State Corporation Commission

PLAN J

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$652716	\$652716 (Part A Deductible)	\$0
61st thru 90th day	All but \$463179 a day	\$463179 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$326358 a day	\$326358 a day	\$0
- Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$84,5089.50 a day	Up to \$84,5089.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services			
	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN J

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

State Corporation Commission

PLAN J (continued)

PARTS A & B (continued)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$100 of Medicare Approved Amounts	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
AT-HOME RECOVERY SERVICE SERVICES-NOT COVERED BY MEDICARE			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
- Benefit for each visit	\$0	Actual Charges to \$40 a visit	Balance
- Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits not to exceed 7 each week	
- Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS - NOT COVERED BY MEDICARE

<p>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</p> <p>Medically necessary emergency care service services beginning during the first 60 days of each trip outside the USA</p> <p>First \$250 each calendar year</p> <p>Remainder of Charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250</p> <p>20% and amounts over the \$50,000 lifetime maximum</p>
<p>EXTENDED OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE</p> <p>First \$250 each calendar year</p> <p>Next \$6,000 each calendar year</p> <p>Over \$6,000 each calendar year</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>50% - \$3,000 calendar year maximum benefit</p> <p>\$0</p>	<p>\$250</p> <p>50%</p> <p>All Costs</p>
<p>PREVENTIVE MEDICAL CARE BENEFIT- NOT COVERED BY MEDICARE</p> <p>Annual physical and preventive tests and services such as: fecal occult blood tests, digital rectal exam, mammogram, hearing-screening, disstickdipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare</p> <p>First \$120 each calendar year</p> <p>Additional charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$120</p> <p>\$0</p>	<p>\$0</p> <p>All Costs</p>

State Corporation Commission

D. Notice regarding policies or certificates which are not Medicare supplement policies.

1. Any accident and sickness insurance policy or certificate, other than a Medicare supplement policy; or a policy issued pursuant to a contract under ~~Section § 1876 or Section 1833~~ of the Federal Social Security Act (42 USC § 1395 et seq.), disability income policy; basic, catastrophic, or major medical expense policy; ~~single premium nonrenewable policy~~ or other policy identified in ~~44 VAC 5-170-30~~ 14 VAC 5-170-20 B of this chapter, issued for delivery in this Commonwealth to persons eligible for Medicare ~~by reason of age~~ shall notify insureds under the policy that the policy is not a Medicare supplement policy or certificate. ~~Such~~ The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy, or certificate delivered to insureds. ~~Such~~ The notice shall be in no less than 12 point type and shall contain the following language:

"THIS [POLICY OR CERTIFICATE] IS NOT A MEDICARE SUPPLEMENT [POLICY OR CONTRACT]. If you are eligible for Medicare, review the Medicare supplement buyer's guide *Guide to Health Insurance for People with Medicare* available from the company."

2. Applications provided to persons eligible for Medicare for the health insurance policies or certificates described in subdivision 1 of this subsection shall disclose, using the applicable statement in Appendix C, the extent to which the policy duplicates Medicare. The disclosure statement shall be provided as a part of, or together with, the application for the policy or certificate.

14 VAC 5-170-160. Requirements for application forms and replacement coverage.

A. Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another Medicare supplement or other health insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent containing such questions and statements may be used.

[Statements]

1. You do not need more than one Medicare supplement policy.
2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
2. If you are ~~65 or older~~, you 3. You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
3. 4. The benefits and premiums under your Medicare supplement policy ~~will~~ can be suspended, if requested, during your entitlement to benefits under Medicaid for 24

months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your policy will be reinstated if requested within 90 days of losing Medicaid eligibility.

4- 5. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning *medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB)*.

[Questions]

To the best of your knowledge,

1. Do you have another Medicare supplement policy or certificate in force (~~including health care service contract, health maintenance organization contract~~)?

a. If so, with which company?

b. If so, do you intend to replace your current Medicare supplement policy with this policy [certificate]?

2. Do you have any other health insurance policies coverage that ~~provide~~ provides benefits which *similar to* this Medicare supplement policy would duplicate?

a. If so, with which company?

b. What kind of policy?

3- If the answer to question 1 or 2 is yes, do you intend to ~~replace these medical or health policies with this policy [certificate]~~?

4- 3. Are you covered by *for medical assistance through the state Medicaid? program*:

a. As a Specified Low-Income Medicare Beneficiary (SLMB)?

b. As a Qualified Medicare Beneficiary (QMB)?

c. For other Medicaid medical benefits?

B. Agents shall list any other health insurance policies they have sold to the applicant.

1. List policies sold which are still in force.

2. List policies sold in the past five years which are no longer in force.

C. In the case of a direct response issuer, a copy of the application or supplemental form, signed by the applicant, and acknowledged by the insurer, shall be returned to the applicant by the insurer upon delivery of the policy.

D. Upon determining that a sale will involve replacement of Medicare supplement coverage, any issuer, other than a direct response issuer, or its agent, shall furnish the applicant, prior to issuance or delivery of the Medicare supplement policy or certificate, a notice regarding replacement of Medicare supplement coverage. One copy of the notice signed by the applicant and the agent, except where the coverage is sold without an agent, shall be provided to the applicant and an additional signed copy shall be retained by the issuer. A direct response issuer shall

State Corporation Commission

deliver to the applicant at the time of the issuance of the policy the notice regarding replacement of Medicare supplement coverage.

E. The notice required by subsection D above for an issuer shall be provided in substantially the following form in no less than 40 12 point type:

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE

[Insurance company's name and address]

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN
THE FUTURE.

According to [your application] [information you have furnished], you intend to terminate existing Medicare supplement insurance and replace it with a policy to be issued by [Company Name] Insurance Company. Your new policy will provide ~~thirty~~ (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. ~~Terminate your present policy only if~~ If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, *you should terminate your present Medicare supplement coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.*

STATEMENT TO APPLICANT BY ISSUER, AGENT [OR OTHER REPRESENTATIVE]:

I have reviewed your current medical or health insurance coverage. ~~The replacement of insurance involved in this transaction does not duplicate coverage, to~~ To the best of my knowledge, *this Medicare supplement policy will not duplicate your existing Medicare supplement coverage because you intend to terminate your existing Medicare supplement coverage.* The replacement policy is being purchased for the following reason(s) (check one):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- Other. (please specify)

1. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

[If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

(Signature of Agent, or Other Representative)*

[Typed Name and Address of Issuer, or Agent]

(Applicant's Signature)

(Date)

*Signature not required for direct response sales.

F. Paragraphs 1 and 2 of the replacement notice (applicable to preexisting conditions) may be deleted by an issuer if the replacement does not involve the application of a new preexisting conditions limitation.

14 VAC 5-170-180. Standards for marketing.

A. An issuer, directly or through its producers, shall:

1. Establish marketing procedures to assure that any comparison of policies by its agents or other producers will be fair and accurate.
2. Establish marketing procedures to assure excessive insurance is not sold or issued.
3. Display prominently by type, stamp or other appropriate means, on the first page of the policy the following:

"Notice to buyer: This policy may not cover all of your medical expenses."
4. Inquire and otherwise make every reasonable effort to identify whether a prospective applicant or enrollee for Medicare supplement insurance already has accident and sickness insurance and the types and amounts of any such insurance.
5. Establish auditable procedures for verifying compliance with this Subsection A.

B. In addition to the practices prohibited in Chapter 5 (§ 38.2-500 et seq.) of Title 38.2 (~~§ 38.2-500 et seq.~~) of the Code of Virginia the following acts and practices are prohibited:

1. Twisting. Knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert any insurance policy or to take out a policy of insurance with another insurer.
2. High pressure tactics. Employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.

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3. Cold lead advertising. Making use directly or indirectly of any method of marketing which fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance agent or insurance company.

C. The terms "Medicare supplement," "Medigap," "Medicare Wrap-Around" and words of similar import shall not be used unless the policy is issued in compliance with this chapter.

APPENDIX A.

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR.

Type¹ _____ SMSBP^{(w)2} _____
 FOR THE STATE OF _____
 Company Name _____
 NAIC Group Code _____ NAIC Company Code _____
 Address _____
 Person Completing This Exhibit _____
 Title _____ Telephone Number _____

line	(a) Earned Premium ^{(x)3}	(b) Incurred Claims ^{(y)4}
1 Current Year's Experience		
a. Total (all policy years)		
b. Current year's issues ^{(z)5}		
c. Net (for reporting purposes 1a - 1b)	_____	_____
2 Past Year's Experience (All Policy Years)	_____	_____
3 Total Experience (Net Current Year + Past Year's Experience)	_____	_____
4 Refund last year (Excluding Interest)		
5 Previous Since Inception (Excluding interest Interest)	_____	
6 Refunds Since Inception (Excluding Interest)	_____	
7 Benchmark Ratio Since Inception (See Worksheet for Ratio 1)		
8 Experienced Ratio Since Inception		
Total Actual Incurred Claims (line 3, col b) = Ratio 2	_____	
Total Earned Prem. (line 3, col a) - Refunds Since Inception (line 6)	_____	
9 Life Years Exposed Since Inception		_____

If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.

10 Tolerance Permitted (obtained from credibility table) _____
 Type _____
 SMSBP^(w) _____
 FOR _____ THE _____ STATE
 OF _____
 Company Name _____
 NAIC Group Code _____ NAIC Company Code _____
 Address _____
 Person _____ Completing _____ This Exhibit _____
 Title _____ Telephone Number _____

Medicare Supplement Credibility Table

Life Years Exposed	Tolerance
Since Inception	
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility	

11 Adjustment to Incurred Claims for Credibility _____

Ratio 3 = Ratio 2 + Tolerance

If Ratio 3 is more than Benchmark Ratio (ratio Ratio 1), a refund

or credit to premium is not required.

If Ratio 3 is less than the Benchmark Ratio, then proceed.

12 Adjusted Incurred Claims = _____
 [Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6)]
 X Ratio 3 (Line 11)

13 Refund = Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6) -

Adjusted Incurred Claims (line 12)

_____ Benchmark Ratio (Ratio 1) _____

If the amount on the line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a

description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table

Life Years Exposed

Since Inception	Tolerance
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500-999	15.0%
If less than 500, no credibility	

Type _____ SMSBP^(w) _____

FOR THE STATE OF _____

Company Name _____

NAIC Group Code _____ NAIC Company Code _____

Address _____

Person Completing This Exhibit _____

Title _____ Telephone Number _____

¹ Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

^{(w)2} "SMSBP" = Standardized Medicare Supplement Benefit Plan

^{(x)3} Includes modal loadings and fees charged.

^{(y)4} Excludes Active Life Reserves.

^{(z)5} This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature

Name - Please Type

Title

Date

APPENDIX A

REPORTING FORM FOR THE CALCULATION OF
BENCHMARK RATIO SINCE INCEPTION
FOR INDIVIDUAL GROUP POLICIES
FOR CALENDAR YEAR _____

Type (1) _____ SMSBP (p)(2) _____
 FOR THE STATE OF _____
 Company Name _____
 NAIC Group Code _____ NAIC Company Code _____
 Address _____
 Person Completing This Exhibit _____
 Title _____ Telephone Number _____

(a)(3) Year	(b)(4) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o)(5) Policy Year Loss Ratio
1		2.770		0.507		0.000		0.000		0.46
2		4.175		0.567		0.000		0.000		0.63
3		4.175		0.567		1.194		0.759		0.75
4		4.175		0.567		2.245		0.771		0.67 0.77
5		4.175		0.567		3.170		0.782		0.8
6		4.175		0.567		3.998		0.792		0.82
7		4.175		0.567		4.754		0.802		0.84
8		4.175		0.567		5.445		0.811		0.87
9		4.175		0.567		6.075		0.818		0.88
10		4.175		0.567		6.650		0.824		0.88
11		4.175		0.567		7.176		0.828		0.88
12		4.175		0.567		7.655		0.831		0.88
13		4.175		0.567		8.093		0.834		0.89
14		4.175		0.567		8.493		0.837		0.89
15		4.175		0.567		8.684		0.838		0.89

Total: (k): _____ (l): _____ (m): _____ (n): _____

Benchmark Ratio Since Inception: $(l + n) / (k + m)$

(1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

(p) (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for pre-standardized plans.

(*) (3) Year 1 is the current calendar year - 1. Year 2 is the current calendar year - 2 (etc.)

(Example: If the current year is 1991, then Year 1 is 1990, Year 2 is 1989, etc.)

(b) (4) For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.

(e) (5) These loss ratios are not explicitly explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

APPENDIX A

REPORTING FORM FOR THE CALCULATION OF
BENCHMARK RATIO SINCE INCEPTION
FOR GROUP INDIVIDUAL POLICIES
FOR CALENDAR YEAR _____

Type (1) _____ SMSBP (2) _____
 FOR THE STATE OF _____
 Company Name _____
 NAIC Group Code _____ NAIC Company Code _____
 Address _____
 Person Completing This Exhibit _____
 Title _____ Telephone Number _____

(a)(3) Year	(b)(4) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o)(5) Policy Year Loss Ratio
1	2.770	4.175	2.770	0.442	0.000	0.000	0.000	0.000	0.40	0.55
2	4.175	4.175	4.175	0.493	0.000	0.000	0.000	0.000	0.65	0.67
3	4.175	4.175	4.175	0.493	1.194	0.659	0.659	0.67	0.69	0.71
4	4.175	4.175	4.175	0.493	2.245	0.669	0.669	0.69	0.71	0.73
5	4.175	4.175	4.175	0.493	3.170	0.678	0.678	0.71	0.75	0.76
6	4.175	4.175	4.175	0.493	3.998	0.686	0.686	0.71	0.76	0.76
7	4.175	4.175	4.175	0.493	4.754	0.695	0.695	0.71	0.77	0.77
8	4.175	4.175	4.175	0.493	5.445	0.702	0.702	0.71	0.77	0.77
9	4.175	4.175	4.175	0.493	6.075	0.708	0.708	0.71	0.77	0.77
10	4.175	4.175	4.175	0.493	6.650	0.713	0.713	0.71	0.77	0.77
11	4.175	4.175	4.175	0.493	6.650	0.713	0.713	0.71	0.77	0.77
12	4.175	4.175	4.175	0.493	7.176	0.717	0.717	0.71	0.77	0.77
13	4.175	4.175	4.175	0.493	7.655	0.720	0.720	0.71	0.77	0.77
14	4.175	4.175	4.175	0.493	8.093	0.723	0.723	0.71	0.77	0.77
15	4.175	4.175	4.175	0.493	8.493	0.725	0.725	0.71	0.77	0.77
15	4.175	4.175	4.175	0.493	8.684	0.725	0.725	0.71	0.77	0.77

Total: (k): _____ (l): _____ (m): _____ (n): _____

Benchmark Ratio Since Inception: $(l + n) / (k + m)$

(1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

(2) "SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for pre-standardized plans.

(3) Year 1 is the current calendar year - 1 Year 2 is the current calendar year - 2 (etc.)

(Example: If the current year is 1991, then: Year 1 is 1990, Year 2 is 1989, etc.)

(4) For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.

(5) These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

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APPENDIX B.

FORM FOR REPORTING MEDICARE SUPPLEMENT POLICIES

Company Name: _____

Address: _____

Phone Number: _____

Due: March 1, annually

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance

Signature

Name and Title (please type)

Date

APPENDIX C

DISCLOSURE STATEMENTS

Instructions for Use of the Disclosure Statements for Health Insurance Policies Sold to Medicare Beneficiaries that Duplicate Medicare

1. Federal law, Public Law 103-432, prohibits the sale of a health insurance policy (the term policy or policies includes certificates) that duplicate Medicare benefits unless it will pay benefits without regard to other health coverage and it includes the prescribed disclosure statement on or together with the application.

2. All types of health insurance policies that duplicate Medicare shall include one of the attached disclosure statements, according to the particular policy type involved, on the application or together with the application. The disclosure statement may not vary from the attached statements in terms of language or format (type size, type proportional spacing, bold character, line spacing, and usage of boxes around text).

3. State and federal law prohibits insurers from selling a Medicare supplement policy to a person that already has a Medicare supplement policy except as a replacement.

4. Property/casualty and life insurance policies are not considered health insurance.

5. Disability income policies are not considered to provide benefits that duplicate Medicare.

6. The federal law does not pre-empt state laws that are more stringent than the federal requirements.

7. The federal law does not pre-empt existing state form filing requirements.

[For policies that provide benefits for expenses incurred for an accidental injury only.]

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- hospital or medical expenses up to the maximum stated in the policy

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- other approved items and services

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[For policies that provide benefits for specified limited services.]

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare

deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any of the services covered by the policy are also covered by Medicare

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- other approved items and services

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[For policies that reimburse expenses incurred for specified disease(s) or other specified impairment(s). This includes expense incurred cancer, specified disease and other types of health insurance policies that limit reimbursement to named medical conditions.]

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- hospital or medical expenses up to the maximum stated in the policy

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.]

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions, or diagnosis named in the policy.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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[For policies that provide benefits for both expenses incurred and fixed indemnity basis.]

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare; or
- it pays the fixed dollar amount stated in the policy and Medicare covers the same event

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice care
- other approved items and services

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[For indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.]

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement Insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[For long-term care policies providing both nursing home and non-institutional coverage.]

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

Federal law requires us to inform you that this insurance duplicates Medicare benefits in some situations.

- This is long-term care insurance that provides benefits for covered nursing home and home care services.
- In some situations Medicare pays for short periods of skilled nursing home care, limited home health services and hospice care.
- This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most long-term care expenses.

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about long-term care insurance, review the *Shopper's Guide to Long-Term Care Insurance*, available from the insurance company.

✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance*

for People with Medicare, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[For policies providing nursing home benefits only.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE
BENEFITS**

This is not Medicare Supplement Insurance

Federal law requires us to inform you that this insurance duplicates Medicare benefits in some situations.

- This insurance provides benefits primarily for covered nursing home services.
- In some situations Medicare pays for short periods of skilled nursing home care and hospice care.
- This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most nursing home expenses.

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about long-term care insurance, review the Shopper's Guide to Long-Term Care Insurance, available from the insurance company.

✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[For policies providing home care benefits only.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE
BENEFITS**

This is not Medicare Supplement Insurance

Federal law requires us to inform you that this insurance duplicates Medicare benefits in some situations.

- This insurance provides benefits primarily for covered home care services.
- In some situations, Medicare will cover some health related services in your home and hospice care which may also be covered by this insurance.

- This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most services in your home.

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about long-term care insurance, review the Shopper's Guide to Long-Term Care Insurance, available from the insurance company.

✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[For other health insurance policies not specifically identified in the previous statements.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE
BENEFITS**

This is not Medicare Supplement Insurance

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- the benefits stated in the policy and coverage for the same event is provided by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

Before You Buy This Insurance

✓ Check the coverage in all health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

State Corporation Commission

✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

VA.R. Doc. No. R96-261; Filed March 5, 1996, 12:25 p.m.

FINAL REGULATIONS

Division of Energy Regulation

Title of Regulation: 20 VAC 5-200-20. Rules for Rate Increases for Electric Cooperatives (REPEALED).

Title of Regulation: 20 VAC 5-200-21. Rules Governing Streamlined Rate Proceedings and General Rate Proceedings for Electric Cooperatives Subject to the State Corporation Commission's Rate Jurisdiction.

Statutory Authority: §§ 12.1-13, 56-226, 56-227 and 56-235.2 of the Code of Virginia.

Effective Date: March 15, 1996.

Agency Contact: Copies of the regulation may be obtained from Lawrence T. Oliver, Division of Economics and Finance, State Corporation Commission, P.O. Box 1197, Richmond, Virginia 23218, telephone (804) 371-9295. There is a charge for copies of \$1.00 for the first two pages and 50¢ for each page thereafter.

AT RICHMOND, MARCH 7, 1996

COMMONWEALTH OF VIRGINIA, *ex rel.*

STATE CORPORATION COMMISSION

CASE NO. PUE930054

Ex Parte, In re: Investigation of the rules governing electric cooperative rate cases and rate regulation of electric cooperatives

FINAL ORDER

On August 23, 1993, the State Corporation Commission ("Commission") entered an order initiating a general investigation to consider its current policies governing its regulation of electric cooperatives. As part of its investigation, the Commission directed its Staff to examine the current rules, regulations, and policies governing electric cooperative rate cases to determine whether any revisions to the Commission's current form of regulation were necessary.

Pursuant to the Commission's order, the Staff met with jurisdictional electric cooperatives, their large industrial customers, and consumer representatives to solicit their comments on what changes, if any, should be made to the Commission's current rules governing electric cooperative rate cases. Utilizing the comments obtained from these meetings, the Staff filed a report with the Commission on February 18, 1994, recommending the repeal of the current "Rules for Rate Increases for Electric Cooperatives" and the adoption of the revised rules proposed by the Staff in its report.

On March 28, 1994, the Commission entered an Order which directed the Staff and jurisdictional electric cooperatives to provide public notice of the Staff's proposed rules. The Order also invited interested persons to file written comments or requests for hearing on the proposed rules on or before June 22, 1994.

In response to this Order, Loral Federal Systems ("Loral") and Luck Stone Corporation ("Luck") filed comments and requested a hearing wherein evidence could be presented. In addition, Bear Island Paper Company ("Bear Island") and numerous electric cooperatives filed comments.¹

In our July 20, 1994 Order, we assigned the matter to a Hearing Examiner, established a procedural schedule, and scheduled a public hearing to consider the proposed rules. At the request of the Distribution Cooperatives, the Examiner suspended the procedural schedules to permit the participants additional time to discuss further revisions to the proposed rules.

The case was heard by Senior Hearing Examiner Glenn P. Richardson on November 8, 1995. At the hearing, further revisions to the rules ("further revised rules") were offered for consideration.² The further revised rules, with minor modifications, were supported by the Staff, the Distribution Cooperatives and Bear Island Paper Company, and Luck Stone, by counsel, indicated that it did not object to these further revised rules.

The Hearing Examiner's December 22, 1995 Report recommended that the Commission repeal the current rules governing rate increases for electric cooperatives and adopt the further revised rules attached as Appendix B to the Report. The text of the rules in Appendix B incorporated the rule revisions supported by the participants at the public hearing. No comments were filed in response to the Report.

NOW THE COMMISSION, having considered the record, the Examiner's Report as well as the applicable statutes and rules, is of the opinion that the findings and recommendations of the Examiner are reasonable and should be adopted with the modifications explained below.

As recommended by the Hearing Examiner, we will repeal the Rules for Rate Increases for Electric Cooperatives adopted in Case No. PUE820087, as amended by Case No. PUE840052. Instead we will adopt the rules set out in Attachment A hereto, effective as of March 15, 1996.³ The

¹ The Distribution Cooperatives filing joint comments in this proceeding were A&N Electric Cooperative, BARC Electric Cooperative, Community Electric Cooperative, Craig-Botetourt Electric Cooperative, Mecklenburg Electric Cooperative, Northern Neck Electric Cooperative, Northern Virginia Electric Cooperative, Powell Valley Electric Cooperative, Prince George Electric Cooperative, Rappahannock Electric Cooperative, Shenandoah Valley Electric Cooperative, Southside Electric Cooperative, and the Virginia, Maryland and Delaware Association of Electric Cooperatives ("Distribution Cooperatives").

² Notice of the November 8, 1995 public hearing and the text of the further revised rules were published in Volume 11, Issue 26 of the September 18, 1995 edition of the *Virginia Register of Regulations*.

³ See *Commonwealth of Virginia, At the relation of the State Corporation Commission, Ex Parte: In the matter of adopting rules for expedited rate increases for electric cooperatives*, Case No. PUE820087, 1983 S.C.C. Ann. Rept. 403. See also *Commonwealth of Virginia, At the relation of the State Corporation Commission, Ex Parte: In the matter of amending rules for*

State Corporation Commission

format of these rules has been modified to conform to the style requirements adopted by the Virginia Code Commission for the Virginia Register Form, Style and Procedure Manual. Minor typographical and grammatical errors have also been corrected which do not affect the substance of the rules.

With respect to Rule B.6., we find that it is important for a cooperative to notify the Commission and parties of record appearing in the cooperative's last rate case of its intent to file a rate case. However, we believe that this notification of intent to file should also be provided to all the cooperative's customers. Accordingly, we will broaden Rule B.6 to require a cooperative to give all its customers notification of its intent to file a rate case. In so notifying its customers generally, the cooperatives may use any of the methods of publication set out in subdivision C.12 of these rules. These methods include publication in Rural Living magazine or the cooperative's member publication.

We have also determined to modify subsections C.5 and C.14.i of the rules to grant greater opportunities for cooperative customers to request a hearing as a matter of right for rate applications filed under the streamlined rules and to conform the language of these rules to Va. Code § 56-237.2. As amended, rule C.5 will read:

The Commission may suspend a cooperative's proposed tariff revisions and increase in rates and shall schedule a hearing thereon if the lesser of 150 or 5.0% of the customers or other persons within a class and subject to a change in a rate, toll, or charge object to the proposed revision or increase in a rate or if the lesser of 150 or 5.0% of the customers or consumers or other persons subject to such rate, toll or charge of a cooperative object to the proposed rate or tariff revision.⁴

Further, we will make conforming revisions to Rule C.14.i which identifies the contents of the notice which must be given to customers and which defines when a hearing will be convened. As amended, Rule C.14.i will read:

A statement advising the public that if the lesser of 150 or 5.0% of the customers or other persons within a class and subject to a change in a rate, toll, or charge do not request a hearing, and if the lesser of 150 or 5.0% of the customers or consumers or other persons subject to such rate, toll or charge of the cooperative do not object to a rate change or tariff revision, the cooperative may petition the Commission to make rates permanent without hearing within 30 days⁵ after the application is filed with the Commission; . . .

Through these changes we can ensure that if no one rate class meets the lesser of 150 or 5.0% standard, but the lesser of 150 or 5.0% of a cooperative's total customers object to a rate or tariff change, they will be entitled to a hearing as a matter of right.

expedited rate increases for electric cooperatives and requiring cooperatives to file certain schedules for general rate case, Case No. PUE840052, 1985 S.C.C. Ann. Rept. 430.

⁴ The revisions to this Rule are indicated by underscored material.

⁵ Revisions to the rule are indicated by underscored material.

Finally, as the Hearing Examiner observed, the ultimate consideration in any rate case is whether an electric cooperative's proposed rates conform with the statutory guidelines for just and reasonable rates set out in Va. Code § 56-226 for electric distribution cooperatives. In making a determination of the justness and reasonableness of a cooperative's rates in any case culminating in a hearing, we may consider different financial indicators, e.g., interest coverage, debt service coverage, etc., for each cooperative. The relative weight assigned to a particular financial indicator should be determined on a case-by-case basis, depending on the financial and operating characteristics of the applicant cooperative. The rules adopted herein offer the flexibility to conduct such an analysis.

Accordingly, IT IS ORDERED THAT:

(1) The Rules for Rate Increases for Electric Cooperatives adopted in Case No. PUE820087 and further amended in Case No. PUE840052 are hereby repealed, effective March 15, 1996.

(2) The Rules Governing Streamlined Rate Proceedings and General Rate Proceedings for Electric Cooperatives Subject to the State Corporation Commission's Rate Jurisdiction, set out in Attachment A hereto are hereby adopted, effective March 15, 1996.

(3) A copy of this Order and the rules adopted herein shall be forwarded for publication in the Virginia Register of Regulations.

(4) There being nothing further to be done in this proceeding, this matter should be dismissed from our docket of active cases, and the papers filed herein made a part of our files for ended causes.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to: Ronald W. Watkins, President and Chief Executive Officer, Old Dominion Electric Cooperative, P.O. Box 2310, Glen Allen, Virginia 23058-2310; the Division of Consumer Counsel, Office of the Attorney General, 900 East Main Street, Second Floor, Richmond, Virginia 23219; John A. Pirko, Esquire, LeClair, Ryan, Joynes, Epps & Framme, Innsbrook Corporate Center, 4201 Dominion Boulevard, Suite 200, Glen Allen, Virginia 23060; Louis R. Monacell, Esquire, and Alexander F. Skirpan, Esquire, Christian, Barton, Epps, Brent & Chappell, 909 East Main Street, Suite 1200, Richmond, Virginia 23219-3095; Edward L. Flippen, Esquire, Mays & Valentine, P.O. Box 1122, Richmond, Virginia 23208-1122; Jean Ann Fox, President, Virginia Citizens Consumer Council, 114 Coachman Drive, Yorktown, Virginia 23693; Richard D. Cagan, Registered Agent for Rural Virginia, Inc., 1214 W. Graham Road, #3, Richmond, Virginia 23220-1409; Peggy S. Kidd, Monticello Area Community Action Agency, 1025 Park Street, Charlottesville, Virginia 22901; Margaret Morton, Monticello Area Community Action, P.O. Box 241, Lovingston, Virginia 22949; Howard L. Scarboro, General Manager, Central Virginia Electric Cooperative, P.O. Box 247, Lovingston, Virginia 22949; the electric cooperatives regulated by the Commission set out in Attachment B hereto; and the Commission's Office of General Counsel, and Divisions of Public Utility Accounting, Energy Regulation, and Economics and Finance.

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20 VAC 5-200-21. Rules Governing Streamlined Rate Proceedings and General Rate Proceedings for Electric Cooperatives Subject to the State Corporation Commission's Rate Jurisdiction.

A. Nothing in these rules shall be interpreted to apply to applications for temporary reductions of rates pursuant to § 56-242 of the Code of Virginia.

B. All streamlined or general rate applications for jurisdictional electric distribution cooperatives ("cooperatives" or "applicants") shall be subject to the following rules:

1. Pursuant to § 56-235.4 of the Code of Virginia and the exceptions stated therein, the regulated operating revenues of a cooperative shall not be increased more than once within any 12-month period. However, streamlined rate relief may become effective in less than 12 months after a preceding increase provided that regulated base operating revenues are not increased more than once in any calendar year.
 2. An applicant may select any test period it wishes to use to support its application.
 3. Any increase in revenues under these rules shall be allocated in accordance with a properly designed cost of service study.
 4. A cooperative which has outstanding wholesale power cost riders which reflect permanent changes in power costs approved by a regulatory agency shall adjust its base rates to reflect such changes at the same time it increases its rates in a rate application.
 5. Except as otherwise provided herein, all applications for rate relief shall be filed in the original and 15 copies with the Clerk of the State Corporation Commission, c/o Document Control Center, P.O. Box 2118, Richmond, Virginia [23246 23218].
 6. An electric cooperative intending to file a rate application shall notify the State Corporation Commission ("commission") and all parties of record appearing in the cooperative's last rate case at least 60 days in advance of the filing of the application. [Also, public notice of the intent to file a rate application shall be provided 60 days in advance of the filing of said application to all of the cooperative's customers, using any of the methods of publication set out in subdivision C 12 of this section.]
 7. The commission retains the right to waive any or all parts of these rate case rules for good cause shown.
- C. An applicant may file a complete application for streamlined rate relief provided the following limitations are met:
1. The increase in total operating revenues as calculated in column (5) of Schedule 3 of Appendix A [, included herein,] is not more than the test period increase in the Consumer Price Index ("CPI"), or 5.0%, whichever is less. The CPI shall be defined as the Consumer Price Index for all Urban Consumers (CPI-U) for all items, as estimated by the U.S. Department of

Labor, Bureau of Labor Statistics, and published in its Summary Data from the Consumer Price Index News Release, or its successor. As calculated in this publication, the percentage change in the CPI-U for a test year will be the index for the last month of the test year divided by the index for the same month one year prior, minus one, multiplied by 100 [-; and]

2. Earnings after the proposed increase must not produce financial ratios which exceed the level approved by the commission in the applicant's most recent general rate case.

An application shall not be deemed filed under § 56-238 of the Code of Virginia unless it is in full compliance with these rules. Subject to the rules set forth below, a cooperative which files an application for streamlined rate relief may petition the commission requesting that its rates be made permanent no less than 30 days from the date the application is deemed complete and filed with the commission if there are insufficient customer objections to the application or if the commission does not suspend the proposed increase and convene a hearing.

3. A cooperative filing a rate application under the streamlined rate procedure shall not:

- a. Increase rates by more than the increase in the test period CPI or 5.0% (whichever is less) of adjusted Virginia jurisdictional operating revenues;
- b. Request earnings, after the proposed increase, which produce financial ratios that exceed those approved by the commission in the applicant's most recent general rate case;
- c. Propose revisions to its terms and conditions of service; or
- d. Propose revisions to its rate structure as part of its application.

4. The commission may, on its own motion, suspend a cooperative's proposed rate increase and tariff revisions pursuant to § 56-238 of the Code of Virginia and may convene a hearing on the cooperative's streamlined application.

5. The commission may suspend a cooperative's proposed tariff revisions and increase in rates and shall schedule a hearing thereon if the lesser of 150 or 5.0% of the customers or other persons within a class and subject to a change in a rate, toll, or charge object to the proposed revision or increase in a rate [or if the lesser of 150 or 5.0% of the customers or consumers or other persons subject to such rate, toll or charge of a cooperative object to the proposed rate or tariff revision]

6. The commission may, in its discretion, suspend an electric cooperative's rate increase and proposed tariff revisions in a streamlined rate proceeding on the motion of its own staff, on the motion of the Division of Consumer Counsel, or on the motion of any person

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subject to such change who requests a hearing and states a substantive reason why a hearing is necessary.

7. The requested rate increase for streamlined rate relief shall be supported by a fully adjusted financial status statement (Schedule 3 of Appendix A [included herein]).

8. Adjustments to test year cost of service shall be limited to the amount of increase or decrease that will be in effect during the rate year.

9. A cooperative shall not file more than three consecutive applications for streamlined rate relief; nor shall there lapse more than five years since the later of the date of the final order or the effective date of rates specified in the final order in the applicant's last general rate case when filing an application for streamlined rate relief.

10. An application filed under the streamlined rate procedure shall include:

a. The name and post office address of the applicant and the name and post office address of counsel of record, if any.

b. A brief narrative statement describing the change in rates and tariff revisions and explaining the need for a change in rates and tariff revisions. This statement shall include a description of the actions taken by the cooperative to advise its membership of the change in rates and contents of its application.

c. A copy of the resolution calling for a change in rates adopted by the Board of Directors of the cooperative.

d. A copy of the completed notice given to the public by the cooperative, including a description of the method of publication used.

e. Schedules 1-8 of Appendix A [included herein] .

11. Public notice of the increase and tariff revisions shall be completed 30 days in advance of the date the cooperative files its application for revised rates with the commission. Actual proof of public notice shall be furnished to the commission as part of the rate application.

12. The public notice of the increase and tariff revisions in an application for streamlined rate relief may be given by:

a. Direct mailing to each customer;

b. Publication in Rural Living magazine, or the cooperative's member publication;

c. Newspapers of general circulation in the area served;

d. Any combination of these methods; or

e. Any other method of publication authorized by the commission.

13. A copy of the notice shall be served on the Commonwealth's Attorney and Chairman of the Board of Supervisors of each county (or equivalent officials in the counties having alternative forms of government) in the state in which the cooperative offers service, and on the mayor or manager and the attorney of every city and town (or equivalent officials in towns and cities having alternative forms of government) in the state in which the cooperative offers service and upon the Division of Consumer Counsel, Office of the Attorney General. Service shall be made by either personal delivery or first class mail, postage prepaid, to the customary place of business of the person served or to his residence.

14. The public notice shall, at a minimum, include the following information:

a. The amount of the total increase in revenues, both in percentages and dollar amounts;

b. The percentage increase being applied to each of the cooperative's rate schedules;

c. The identity of all wholesale power cost riders to be rolled-in to base rates;

d. The locations where copies of the information required to be filed with the commission can be reviewed;

e. The date the application will be delivered to the commission;

f. A notice that any person subject to the change or changes proposed by the cooperative has the right to request a hearing within 30 days of the application's delivery to the commission;

g. A notification that requests for hearing should be directed to the Clerk of the Commission, c/o Document Control Center, P.O. Box 2118, Richmond, Virginia [23216 23218] ;

h. A statement advising that the commission may convene a hearing, and if a hearing is held, the commission may order rate relief, redesign rates or adopt tariff revisions which differ from those appearing in the cooperative's application;

i. A statement advising the public that if the lesser of 150 or 5.0% of the customers or other persons within a class and subject to a change in a rate, toll, or charge do not request a hearing, [and if the lesser of 150 or 5.0% of the customers or consumers or other persons subject to such rate, toll or charge of the cooperative do not object to a rate change or tariff revision,] the cooperative may petition the commission to make rates permanent without hearing within 30 days after the application is filed with the commission; and

j. A statement advising the public of the cooperative's proposed effective date for its new rates.

15. If the commission determines that a hearing on the application for streamlined rate relief is required, then the commission shall issue a procedural order which, among

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other things, shall specify the date by which the cooperative shall file with the Clerk of the Commission an original and 15 copies of any direct testimony the cooperative intends to rely on in support of its application, together with the remaining schedules set forth in Appendix A [~~hereto~~]. That Order shall specify such additional notice of the hearing to the electric cooperative's members that the commission deems appropriate.

D. 1. A cooperative seeking (i) an increase that produces financial ratios in excess of those allowed in the applicant's most recent general rate case; (ii) an increase in jurisdictional adjusted operating revenues of more than the test period increase in the CPI (as defined in subdivision 1 of subsection C of this section); (iii) revision of its terms and conditions of service; or (iv) to redesign or restructure its rates shall file an original and 15 copies of a general rate application with the Clerk of the State Corporation Commission, c/o Document Control Center, P.O. Box 2118, Richmond, Virginia [23246 23218].

2. An application seeking a general rate increase shall include:

a. The name and post office address of the applicant and the name and post office address of counsel of record, if any.

b. A brief narrative statement describing the change in rates and tariff revisions and explaining the need for a change in rates and tariff revisions. This statement shall include a description of the actions taken by the cooperative to advise its membership of the change in rates and contents of the rate application.

c. A copy of the resolution calling for a change in rates adopted by the cooperative's Board of Directors.

d. All direct testimony which the cooperative intends to rely on in support of its rate application.

e. Exhibits consisting of the Schedules 1 through 12, found in Appendix A [included herein]. Such schedules shall be identified with the appropriate schedule number and shall be prepared in accordance with the instructions contained in Appendix A [included herein] and the following general instructions:

(1) Attach a table of contents to the cooperative's application, including exhibits.

(2) The applicant shall be expected to verify the accuracy of all data and calculations contained in and pertaining to every exhibit submitted, as well as support any adjustments, allocations or rate design upon which it relies.

(3) Each exhibit shall be labeled with the name of the applicant and the initials of the sponsoring witness in the upper right hand corner as shown below:

Exhibit No. (Leave Blank)

Witness: (Initials)
Statement or Schedule Number

The first page of all exhibits shall contain a caption which describes the subject matter of the exhibit.

(4) The required accounting and statistical data shall include three copies of all work papers and other information necessary to ensure that the items, statements and schedules found in the application are not misleading.

f. Exhibits consisting of additional schedules may be submitted with the cooperative's direct testimony. Such schedules shall be identified as Schedule 13 et seq. and shall conform to the general instructions contained in subdivision 2e of subsection D of this section.

g. The commission shall prescribe the general notice to be given to the public and the date by which such notice shall be completed in its procedural order.

h. The applicant shall serve a copy of the information required in subdivisions 2a through 2c of subsection D of this section upon the Commonwealth's Attorney and Chairman of the Board of Supervisors of each county or (equivalent officials in counties having alternative forms of government) in the state affected by the proposed increase and upon the mayor or manager and the attorney of every city and town (or equivalent officials in towns and cities having alternative forms of government) in the state affected by the proposed increase. The applicant shall also serve each such official with a statement that a copy of the complete application may be obtained by such official at no cost by making a request thereof orally or in writing to a specified company official or location. In addition, the applicant shall serve a copy of its complete application upon the Division of Consumer Counsel of the Office of the Attorney General in Virginia. All such service specified by this rule shall be made either by (i) personal delivery or (ii) first class mail, to the customary place of business or to the residence of the person served.

E. Rate reductions and tariff revisions filed pursuant to § 56-40 of the Code of Virginia shall be filed with the Division of Energy Regulation and shall include the following:

1. A descriptive statement of and justification for the tariff revision;

2. Load data if applicable;

3. A certified excerpt from the minutes of the cooperative's Board of Directors, wherein the Board approved the tariff revision;

4. Identification of all customers that may be eligible for the tariff revision;

5. A revenue impact study; and

6. An affidavit by the cooperative's manager that the proposed tariff revision affects no increase in rates.

F. Failure to comply with the rules governing streamlined rate applications or general rate applications may result in dismissal of the application, or may subject the cooperative to such other actions as the commission deems appropriate, including, but not limited to, prohibiting a cooperative from filing an application for streamlined rate relief for a period of time specified by the commission.

APPENDIX A

SCHEDULES REQUIRED FOR A STREAMLINED OR GENERAL RATE APPLICATION

Schedule Number Streamlined Rate Proceeding Schedules

- 1 Comparative Balance Sheets
- 2 Comparative Income Statements
- 3 Financial Status Statement
- 4A and B Detail of Ratemaking Adjustments
- 5A and B Proposed Rates and Tariffs and Revenue Allocation
- 6 Sample Billing
- 7 Class Cost of Service Study
- 8 Capital Structure

Schedule Number General Rate Proceeding Schedules

- 1 Comparative Balance Sheets
- 2 Comparative Income Statements
- 3 Financial Status Statement
- 4A and B Detail of Ratemaking Adjustments
- 5A and B Proposed Rates and Tariffs and Revenue Allocation
- 6 Sample Billing
- 7 Class Cost of Service Study
- 8 Capital Structure
- 9 Net Original Cost Rate Base
- 10 Working Papers for Ratemaking Adjustments
- 11 Revenue and Expense Variance Analysis
- 12 Jurisdictional Allocation

Schedule 1

Comparative Balance Sheets

Instructions: Provide a publicly available comparative balance sheet for the test period and the corresponding 12-month period immediately preceding the test period for the applicant.

Schedule 2

Comparative Income Statements

Instructions: Provide a publicly available comparative income statement covering the test period and 12-month period immediately preceding the test period for the applicant.

Schedule 3

Financial Status Statement

Instructions: Use the format of the schedule identified as Schedule 3 in this Appendix.

Adjustments in Column (2) reflect any financial differences between Generally Accepted Accounting Principles (GAAP) and ratemaking accounting as prescribed by the State Corporation Commission. An example of such an adjustment would include, but would not be limited to, the reclassification of capital leases to operating leases. Each Column (2) adjustment shall be separately identified and shown using the format prescribed for Schedule 4A and 4B.

Column (4) shall reflect total nonjurisdictional operations. Jurisdictional allocation factors used to determine nonjurisdictional business in Column (4) amounts shall be fully supported and explained in Schedule 12 for general rate filings.

Each Column (6) adjustment shall be separately identified and shown in Schedule 4A and 4B. In a streamlined rate proceeding, adjustments reflected in Column (6) of Schedule 3 which do not incorporate ratemaking treatment approved by the commission in the utility's last general rate case shall be identified as new proposed adjustments in Schedule 4A and 4B.

Riders reflected on line 4 shall be separately listed to include a line for each rider in effect during the test year or projected for the rate year. The amount of other income and other expense shown in Column (5), lines 20 and 23, shall be the current amount recognized as jurisdictional in the applicant's last general rate case. Amounts reflected on line 33 shall be actual cash receipts.

Lines (29), (30), (31), and (32) shall be based on the following definitions:

Line 29.
$$\text{TIER} = \frac{\text{Total Margins (Line 24)} + \text{Interest on Long-Term Debt (Line 21)}}{\text{Interest on Long-Term Debt (Line 21)}}$$

Line 30.

DSC =
$$\frac{\text{Total Margins (Line 24)} + \text{Depreciation and Amortization Expense (Line 11)} + \text{Interest on Long-Term Debt (Line 21)}}{\text{Total Principal Payments} + \text{Total Long-Term Interest Payments}}$$

Line 31.

Rate of Return on Rate Base =
$$\frac{\text{Operating Margins Adj. (Line 18)}}{\text{Total Rate Base (Line 28)}}$$

Line 32.

Rate of Return on Margins and Equities =
$$\frac{\text{Total Margins (Line 24)}}{\text{Total Margins and Equity Capitalization (Schedule 8)}}$$

Schedules 4A and 4B

Detail of Ratemaking Adjustments

Instructions: Use format of the schedule identified as Schedule 4A and 4B to this Appendix.

Each adjustment shall be numbered sequentially and listed under the appropriate description category (Base Rate Revenue, Fuel-WPCA Revenue, Purchased Power, etc.). The impact on cost of service from each adjustment shall be detailed in Columns (1) through (16).

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Each ratemaking adjustment shall be fully explained in a supporting subschedule 4B to this schedule.

Detailed workpapers substantiating each adjustment shall be provided in Schedule 10 for general rate filings.

Schedule 5A and 5B

Proposed Rates and Tariffs, and Revenue Allocation by Class

Schedule 5A Instructions:

Provide a copy of each tariff sheet with the revisions the cooperative proposes to implement. For general rate applications, provide a copy of all tariffs and Terms and Conditions of Service Sheets proposed for revision containing the revised language.

Schedule 5B Instructions:

Provide a class revenue allocation analysis showing, by class, the present revenue recovered from each class, the proposed increase in revenue to be recovered from each class, the total proposed revenue to be recovered from each class, and the percentage of increase in total revenue to be recovered from each class.

Schedule 6

Sample Billing

Instructions: Provide a sample billing analysis showing the effect on customers of the proposed tariff changes at various levels of consumption, for all classes of service.

Schedule 7

Class Cost of Service Study

Instructions: A. Each streamlined rate application shall include a copy of the cost of service study used to determine the allocation of revenues to each class. The cost of service study shall be based on per books data which is no more than five years old. Each general filing shall include a copy of the cost of service study used to allocate the increase or to adjust rate design. The data used in a cost of service study submitted in a general rate case shall use the same test period as used in the cooperative's general rate application.

B. Each cost of service study shall consist of the following schedules:

1. For multi-state cooperatives, provide total system rate base, revenue and operation and maintenance expenses by account number, or major account group showing separation between Virginia and nonjurisdictional operations.

2. Provide a jurisdictional financial status statement in the format of Schedule 3, column (5) of Appendix A for each customer class and the return provided by these classes.

3. For all service schedules, present the unit cost per kilowatt, kilowatt hour, and customer resulting from the cost study. Include the kilowatt hours, demand, and number of customers, as well as the total cost for each

component by class and the allocated rate base by class, as support for the unit costs derived.

4. If directed by the commission, the cooperative shall collect and maintain separate expense, rate base, and revenue data on nonjurisdictional consumers within Virginia.

5. For all service classes, provide a schedule of consumers by service class indicating the total number of consumers in the class and the number of nonjurisdictional consumers in Virginia in the class.

Nonjurisdictional consumers in Virginia include government agencies: federal, state, local, and regional government authorities. If there are nonjurisdictional consumers in any class, this schedule must be accompanied by a list of all such nonjurisdictional consumers by service class and their usage characteristics.

6. Provide a short narrative describing the cost of service study methodology employed. This narrative shall include the following information:

(a) Identification and description of the classification used to assign rate base as demand, energy, or customer related. Specifically, include the classification methodology used to differentiate between demand and customer components of distribution plant; and the customer classification used in the study, i.e., minimum system, minimum size, zero intercept, etc.

(b) Identification of the allocation methodology used for assigning rate base, revenue, and expenses to customer classes. For demand allocation method, e.g., average and excess, [~~noncoincident~~ noncoincident] peak; customer allocation method, e.g., number of customers, weighted customers, etc.

(c) Provide a table showing the kilowatts, kilowatt hours, number of customers allocated to each class, including the derivation of the demand, energy, and customer allocators for each class.

7. Provide a list of classification and allocation factors used.

8. Provide a copy of the actual study by account or primary account. The primary accounts shall identify the secondary accounts included by account number. Indicate which allocators and classifiers were used to assign each account.

Schedule 8

Capital Structure and Cost of Debt Statement and Supporting Schedules

Instructions: Use the format of the schedule identified as Schedule 8 in this Appendix.

Column (1) shall reflect the per books capital structure at the end of the test year. Data in Column (1) shall be compatible with the applicant's publicly available financial statements. Adjustments in Column (3) reflect

any financial differences between Generally Accepted Accounting Principles [(GAAP)] and ratemaking accounting as prescribed by the commission. Each Column (3) adjustment shall be separately identified in a supporting schedule, if not already identified in Schedule 4A or 4B [.]

Schedules shall be provided to support the amounts and cost rates of short- and long-term debt in Columns (4) and (6), respectively, and the adjusted amounts and cost rates in Columns (8) and (10), respectively. Each issue of long-term debt shall be listed with its corresponding interest rate, date of issue, maturity, and lending institution(s) or other source(s). Short-term debt shall be listed with a high, low, ending, and average balance for each month, a weighted average interest rate for each month, and the name of the lending institution(s) or other source(s).

Schedule 9

Net Original Cost Rate Base

Instructions: Use the format of the schedule identified as Schedule 9 in this Appendix.

Adjustments in Column (2) reflect any financial differences between GAAP and ratemaking accounting as prescribed by the State Corporation Commission. Each Column (2) adjustment shall be separately identified and reflected using the format prescribed for Schedule 4A and 4B.

Column (4) shall reflect total nonjurisdictional business. Allocation factors used to determine nonjurisdictional business in Column (4) shall be fully supported in Schedule 12.

Each Column (6) adjustment shall be separately identified and reflected in Schedule 4A and 4B. In a streamlined rate proceeding, adjustments reflected in Column (6) of Schedule 3 which do not incorporate the ratemaking treatment approved by the commission in the utility's last general rate case shall be separately identified as new proposed adjustments in Schedule 4A and 4B.

Schedule 10

Working Papers for Ratemaking Adjustments

Instructions: Provide detailed workpapers and supporting schedules of all proposed adjustments. Each supporting document shall identify the origin of the data shown. Also, indicate whether data is actual or estimated. Working papers shall be numbered, indexed and tabbed for each adjustment. Two copies shall be filed with the Division of Public Utility Accounting, and one copy of the working papers shall be filed with the Division of Energy Regulation.

Schedule 11

Revenue and Expense Variance Analysis

Instructions: The cooperative shall quantify jurisdictional operating revenues and system operating and maintenance (["] O&M ["]) expenses by primary account during the test

period and the preceding 12 months. Also, provide jurisdictional sales volumes by customer class for the test period and the preceding 12 months.

The cooperative shall provide a detailed explanation of all jurisdictional revenue and system expense increases and decreases of more than 10% during the test period compared to the previous 12-month period. The expense variance analysis applies to test period expense items greater than two-hundredths [(-0002)] of 1.0% [(.0002)] of total O&M expenses for all cooperatives with total operating expenses exceeding \$50 million, and five hundredths [(-0005)] of 1.0% [(.0005)] of total operating expenses for cooperatives with total operating expenses below \$50 million.

Schedule 12

Jurisdictional Allocation

Instructions: Provide summary schedules by primary account reflecting all revenue, expense, and rate base items allocated to the Virginia jurisdiction. If directed by the commission, this schedule shall include allocations relating to nonjurisdictional Virginia consumers as well as out-of-state operations. Provide working papers to support all calculated amounts, including the development of allocation factors.

Provide a narrative explanation and justification of the allocation methodology used. Discuss any changes in the applicant's operations which materially affect any allocation factor.

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Schedule 3

FINANCIAL STATUS STATEMENT PER BOOKS AND FULLY ADJUSTED FOR THE 12-MONTHS ENDING

Line No.	(Col. 1) Description	(Col. 1) Total Cooperative Per Books	(Col. 2) Adjustments Due to Ratemaking Requirements	(Col. 3) Total Cooperative As Adjusted	(Col. 4) Non-Virginia Jurisdictional Business	(Col. 5) Virginia Jurisdictional Business	(Col. 6) Ratemaking Adjustments	(Col. 7) Amounts After Adjustments	(Col. 8) Revenue Requirement	(Col. 9) Amounts After Revenue Requirement
<u>Operating Revenues</u>										
1.	Base Rates									
2.	Fuel - WPCA									
3.	Roll in of Riders									
4.	Riders (List Separately)									
5.	Margin Stabilization									
6.	Other Electric Revenues									
7.	Total Operating Revenues									
<u>Operating Expenses</u>										
8.	Purchased Power Expense									
9.	Margin Stabilization									
10.	Other Operation and Maintenance Expense									
11.	Depreciation and Amortization									
12.	Tax Expense - Property									
13.	Tax Expense - Other									
14.	Total Operating Expenses									
15.	Operating Margins									
16.	Less: Interest on Customer Deposits									
17.	Charitable and Educational Donations									
18.	Operating Margins Adjusted									
19.	Plus: Capital Credits Accrued									
20.	Other Income									
21.	Less: Interest on Long-Term Debt									
22.	Other Interest Expense									
23.	Other Expense									
24.	Total Margins									
<u>Rate Base</u>										
25.	Net Utility Plant									
26.	Allowance for Working Capital									
27.	Other Rate Base Deductions									
28.	Total Rate Base									
29.	TIER									
30.	DSC									
31.	Rate of Return on Rate Base									
32.	Rate of Return on Margins and Equities									
33.	Capital Credits Received									

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SCHEDULE 4A

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DETAIL OF RATEMAKING ADJUSTMENTS

Adj. No.	Description	(Col. 1) Operating Revenues	(Col. 2) Purchased Power Expenses	(Col. 3) Margin Stabil.	(Col. 4) Other O&M Expense	(Col. 5) Depr. & Amort.	(Col. 6) Tax Expense	(Col. 7) Other	(Col. 8) Operating Margins Adjusted	(Col. 9) Accrued Capital Credit
	Base Rate Revenues									
	Fuel - WPCA Revenue									
	Rider Revenue									
	Margin Stabilization									
	Other Electric Revenues									
	Purchased Power Exp.									
	Margin Stabilization									
	Other O&M Expense									
	Depr. & Amort.									
	Tax Expense - Property									
	Tax Expense -- Other									
	Other									
	<u>Operating Margins Adjusted</u>									
	Capital Credits Accrued									
	Other Income									
	Interest on Long-Term Debt									
	Other Interest Expense									
	Other Expense									
	<u>Total Margins</u>									
	Net Utility Plant									
	Allowance for Working Capital									
	Other Rate Base Deductions									
	<u>Total Rate Base</u>									

State Corporation Commission

Adj. No.	Description	(Col. 10) Other Income	(Col. 11) Interest on Long-Term Debt	(Col. 12) Other Exp. (Incl. Int. Exp.)	(Col. 13) Total Margins	(Col. 14) Net Utility Plant	(Col. 15) Allowance for Working Capital	(Col. 16) Other Rate Base Deductions	(Col. 17) Total Rate Base
	<i>Base Rate Revenues</i>								
	<i>Fuel - WPCA Revenue</i>								
	<i>Rider Revenue</i>								
	<i>Margin Stabilization</i>								
	<i>Other Electric Revenues</i>								
	<i>Purchased Power Exp.</i>								
	<i>Margin Stabilization</i>								
	<i>Other O&M Expense</i>								
	<i>Depr. & Amort.</i>								
	<i>Tax Expense - Property</i>								
	<i>Tax Expense -- Other</i>								
	<i>Other</i>								
	<u><i>Operating Margins Adjusted</i></u>								
	<i>Capital Credits Accrued</i>								
	<i>Other Income</i>								
	<i>Interest on Long-Term Debt</i>								
	<i>Other Interest Expense</i>								
	<i>Other Expense</i>								
	<u><i>Total Margins</i></u>								
	<i>Net Utility Plant</i>								
	<i>Allowance for Working Capital</i>								
	<i>Other Rate Base Deductions</i>								
	<u><i>Total Rate Base</i></u>								

State Corporation Commission

Schedule 4B

Page ___ of ___

DETAIL OF RATEMAKING ADJUSTMENTS

<i>Adj. No.</i>	<i>Description</i>	<i>Explanation of Adjustment</i>
	<i>Base Rate Revenue</i>	
	<i>Fuel - WPCA Revenue</i>	
	<i>Rider Revenue</i>	
	<i>Margin Stabilization</i>	
	<i>Other Electric Revenues</i>	
	<i>Purchased Power Exp.</i>	
	<i>Margin Stabilization</i>	
	<i>Other O&M Expense</i>	
	<i>Depr. & Amort.</i>	
	<i>Tax Expense - Property</i>	
	<i>Tax Expense - Other</i>	
	<i>Other</i>	
	<i>Operating Margins Adjusted</i>	
	<i>Capital Credits Accrued</i>	
	<i>Other Income</i>	
	<i>Interest on Long-Term Debt</i>	
	<i>Other Interest Expense</i>	
	<i>Other Expense</i>	
	<i>Total Margins</i>	
	<i>Net Utility Plant</i>	
	<i>Allowance for Working Capital</i>	
	<i>Other Rate Base Deductions</i>	
	<i>Total Rate Base</i>	

State Corporation Commission

Schedule 8

**CAPITAL STRUCTURE AND COST OF DEBT STATEMENT
PER BOOKS AND FULLY ADJUSTED**

For the 12-Months Ending _____, _____

(Col. 1)	(Col. 2)	(Col. 3)	(Col. 4)	(Col. 5)	(Col. 6)	(Col. 7)	(Col. 8)	(Col. 9)	(Col. 10)
Total Cooperative Per Books	Percentage of Col. 1 Total	Adjustments Due to Ratemaking Requirements	Total Cooperative As Adjusted	Percentage of Col. 4 Total	Cost of Col. 4 Debt	Ratemaking Adjustments	Amount after Adjustments	Percentage of Col. 8 Total	Cost of Col. 8 Debt

- 1. Short-Term Debt
- 2. Long-Term Debt
- 3. Total Margins and Equities
- 4. Other
- 5. Total Capital
- 6. Principal Repayments
- 7. Accumulated Capital Credits Accrued
- 8. Accumulated Capital Credits Received

State Corporation Commission

Schedule 9

NET ORIGINAL COST RATE BASE
PER BOOKS AND FULLY ADJUSTED
For the Period Ending _____

Line No.	Description	(Col. 1) Total Cooperative Per Books	(Col. 2) Adjustments Due to Ratemaking Requirements	(Col. 3) Total Cooperative As Adjusted	(Col. 4) Non-Virginia Jurisdictional Business	(Col. 5) Virginia Jurisdictional Business	(Col. 6) Ratemaking Adjustment	(Col. 7) Amounts After Adjustments
<u>Net Utility Plant</u>								
1.	Electric Plant in Service							
2.	Completed Construction Not Classified							
3.	Construction Work in Progress							
4.	Plant Hold for Future Use							
	Less: Accumulated Provision for							
5.	Depreciation and Amortization							
6.	<u>Total Net Utility Plant</u>							
<u>Allowance for Working Capital</u>								
7.	Cash Working Capital: Purchased Power							
8.	Other O&M							
9.	Materials & Supplies (13-month average)							
10.	Deferred Fuel							
11.	Other Working Capital (List Separately)							
12.	<u>Total Allowance for Working Capital</u>							
<u>Other Rate Base Deductions</u>								
13.	Customer Deposits							
14.	Customer Advances for Construction							
15.	Other Cost Free Capital (List Separately)							
16.	<u>Total Other Rate Base Deductions</u>							
17.	<u>Total Rate Base</u>							

State Corporation Commission

BUREAU OF INSURANCE

March 11, 1996

Administrative Letter 1996-4

To: All Insurers, Health Services Plans, and Health Maintenance Organizations participating in the Primary Small Employer Market in Virginia

Re: Reporting requirements for carriers participating in the Primary Small Employer Market

The purpose of this Administrative Letter is to provide guidance in response to a number of questions that have been asked with some frequency by carriers participating in the Primary Small Employer Market.

1. The "Virginia Primary Small Employer New Business Report" is required to be submitted annually beginning December 1, 1995. The period covered by this report should be from November 1 of the year preceding the report to October 31 of the year of the report. For example: the period covered by the report to be submitted on December 1, 1996 would be from November 1, 1995 to October 31, 1996. We realize that there will be very little data for the December 1, 1995 report, but we have no statutory right to waive it, and it is long overdue for those who have not filed it.

2. Industrial classifications reported on the "Virginia Primary Small Employer New Business Report" should be based upon type of business, and geographic locations should be reported based upon ZIP codes.

3. "The Virginia Primary Small Employer Coverage Report" requires that the number of covered employees reported include dependents.

4. Section 38.2-3433 D of the Code of Virginia requires Primary Small Employer Carriers to file community rates annually on or before March 15 with an actuarial certification certifying that the carrier and its rates are in compliance with Article 5, Chapter 34 of Title 38.2 of the Code of Virginia. The rates should be guaranteed for a twelve month rating period for each small group with a policy anniversary date within the year. The actuarial certification should be signed by the person responsible for the rates being in compliance with this article. If rates are changed on other than an annual basis, the new rates must be filed with an actuarial certification and must be designed to remain in effect for the twelve month guaranteed rating period.

The reports referenced in this letter should be directed to:

Jacqueline K. Cunningham, Supervisor
Life and Health Forms & Rates Section
Virginia State Corporation Commission
Bureau of Insurance
P O Box 1157
Richmond, VA 23218

/s/ Steven T. Foster
Commissioner of Insurance

VA.R. Doc. No. R96-264; Filed March 12, 1996, 3:53 p.m.

MARINE RESOURCES COMMISSION

MARINE RESOURCES COMMISSION

NOTICE: The Marine Resources Commission is exempted from the Administrative Process Act (§ 9-6.14:4.1 of the Code of Virginia); however, it is required by § 9-6.14:22 B to publish all final regulations.

Title of Regulation: 4 VAC 20-270-10 et seq. Pertaining to Crabbing (adding 4 VAC 20-270-55).

Statutory Authority: § 28.2-201 of the Code of Virginia.

Effective Date: February 29, 1996.

Preamble:

This regulation establishes time, season, peeler pots limits and softshell crab minimum size limits for commercial crabbing in Virginia and is promulgated pursuant to authority contained in § 28.2-201 of the Code of Virginia. This regulation amends 4 VAC 20-270-10 et seq. which was effective March 2, 1995. The effective date of this amendment is February 29, 1996.

Agency Contact: Copies of the regulation may be obtained from Deborah R. Cawthon, Regulatory Coordinator, Marine Resources Commission, P.O. Box 756, Newport News, VA 23607, telephone (804) 247-2248.

4 VAC 20-270-55. Minimum size limits.

It shall be unlawful for any person to take, catch, have in possession or destroy in any manner any softshell blue crab which measures less than 3½ inches across the shell from tip to tip of the longest spikes.

/s/ William A. Pruitt
Commissioner

Title of Regulation: 4 VAC 20-370-10 et seq. Pertaining to the Culling of Crabs (amending 4 VAC 20-370-10 through 4 VAC 20-370-30; adding 4 VAC 20-370-15).

Statutory Authority: § 28.2-201 of the Code of Virginia.

Effective Date: February 29, 1996.

Preamble:

This regulation describes the procedures that must be followed to cull harvested crabs to the legal limits and procedures for crab processing houses to import dark sponge crabs from other states. This regulation is promulgated pursuant to authority contained in § 28.2-201 of the Code of Virginia. This regulation amends 4 VAC 20-370-10 et seq. which was effective on July 1, 1995. The effective date of this regulation is February 29, 1996.

Agency Contact: Copies of the regulation may be obtained from Deborah Cawthon, Marine Resources Commission, P.O. Box 756, Newport News, VA 23607, telephone (804) 247-2248.

4 VAC 20-370-10. Purpose.

The purpose of this regulation is to aid in enforcing the provisions of § 28-2.708 of the Code of Virginia and to protect and conserve the blue crab resource by prohibiting the possession of dark sponge crabs.

4 VAC 20-370-15. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Dark sponge crab" means the adult female hard crab which has extruded her eggs on the abdomen or abdominal flap and the eggs have developed a coloration ranging from any shade of brown through black.

"Operations office" means Marine Resource Commission Law Enforcement Operations Office.

4 VAC 20-370-20. Culling requirements.

A. All crabs taken from the tidal waters of Virginia shall be culled to the legal size and possession limits by the catcher during the harvesting process.

B. The catcher shall use culling containers (other than bushel baskets and barrels normally used for crabs) for the purpose of culling crabs during the harvesting process. Crabs placed loose in any boat are subject to be culled at any time. The provisions of this section shall not apply to the harvesting of crabs from a licensed crab trap (crab pound).

C. During culling, all undersize crabs shall be immediately returned to the water as required by § 28.2-708 of the Code of Virginia. Upon arrival at the dock or landing point all crabs shall have been culled.

D. It shall be unlawful for any person to possess for a period longer than is necessary for immediate determination of the presence of a dark egg mass, more than 10 dark sponge crabs per United States standard bushel or 35 dark sponge crabs per barrel. During culling, those dark sponge crabs in excess of the allowance level shall be immediately returned to the water alive and shall not be altered or destroyed in any manner.

E. It shall be unlawful for any person to possess for a period longer than is necessary for immediate determination of unnatural removal of eggs, a female blue crab that has been scrubbed or has in any manner other than natural hatching had the eggs removed therefrom.

F. Any marine patrol officer may grade or cull any number of barrels, baskets or containers of crabs in any person's possession. If the officer finds more than 10 dark sponge crabs per United States standard bushel or 35 per barrel, he shall seize the entire quantity of crabs in or from each such container, and the person who possessed the crabs shall immediately return them to the water. Refusal to return the crabs to the water is a separate offense from any other violation.

G. Nothing in this section shall prohibit the possession of dark sponge crab which have been taken outside of Virginia

Marine Resources Commission

waters by crab processing houses meeting the following conditions:

1. It shall be unlawful for any crab processing house to import or possess any dark sponge crabs from any other state or jurisdiction without first providing notice to the operations office of its intent to import dark sponge crabs.

2. Any crab processing house shall notify the operations office of its intent to import or possess dark sponge crabs from another state at least 24 hours in advance, either by telephone (1-800-541-4646 or 804-247-2265/2266) or by fax (804) 247-8026). Each crab processing house shall provide the operations office with their company name, manager's name, business location, phone number, quantity of crabs to be imported, source of crabs, arrival date and approximate time.

3. Such imported crabs shall be accompanied by a bill of sale which shall include the name of the seller, address and phone number of the seller, the license number of the seller if such license is required in the jurisdiction of harvest, the date of sale, and the quantity of crabs sold or purchased under the bill of sale.

4 VAC 20-370-30. Penalty.

A. As set forth in § 28.2-708 of the Code of Virginia, any person violating any provision of this chapter other than subsection D, E, F or G of 4 VAC 20-370-20 shall be guilty of a Class 3 misdemeanor.

B. As set forth in § 28.2-903 of the Code of Virginia, any person violating any provision of subsections D, E, F or G of 4 VAC 20-370-200 shall be guilty of a Class 3 misdemeanor, and a second or subsequent violation of any provision of subsection D, E, F or G of 4 VAC 20-370-20 committed by the same person within 12 months of a prior violation is a Class 1 misdemeanor.

/s/ William A. Pruitt
Commissioner

Title of Regulation: 4 VAC 20-880-10 et seq. Pertaining to Hard Crab and Peeler Pot License Sales.

Statutory Authority: §§ 28.2-201 and 28.2-204.1 of the Code of Virginia.

Effective Date: February 29, 1996.

Preamble:

This regulation establishes limits on commercial hard crab pot and peeler pot licenses in 1996 and also establishes daily hard crab pot and peeler pot limits. This regulation is promulgated pursuant to authority contained in §§ 28.2-201 and 28.2-204.1 of the Code of Virginia. The effective date of this regulation is February 29, 1996.

Agency Contact: Copies of the regulation may be obtained from Deborah Cawthon, Regulatory Coordinator, Marine

Resources Commission, P.O. Box 756, Newport News, VA 23607, telephone (804) 247-2248.

CHAPTER 880.

PERTAINING TO HARD CRAB AND PEELER POT LICENSE SALES.

4 VAC 20-880-10. Purpose.

The purpose of this regulation is to protect and conserve the blue crab resource by limiting the number of commercial hard crab pot and peeler pot licenses and to further control fishing effort by establishing limits on the number of commercial hard crab pots that can be set or fished.

4 VAC 20-880-20. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Tributaries of the Chesapeake Bay" means those waters inshore of the crab dredge line as established by Virginia Marine Resources Commission regulations 4 VAC 20-42-10 and 4 VAC 20-752-10 and the Virginia tributaries of the Potomac River.

"Chesapeake Bay and coastal waters" means all other waters under the jurisdiction of the Virginia Marine Resources Commission, including Pocomoke and Tangier Sounds and Back Bay.

4 VAC 20-880-30. Hard crab pot, peeler pot and catch limits.

A. It shall be unlawful for any person to place, set or fish more than 300 hard crab pots in the tributaries of the Chesapeake Bay as defined in 4 VAC 20-880-20.

B. It shall be unlawful for any person to place, set or fish more than 500 hard crab pots in the Chesapeake Bay and coastal waters as defined in 4 VAC 20-880-20.

C. It shall be unlawful for any person to place, set or fish more than a combined total of 500 hard crab pots in Virginia tidal waters.

D. It shall be unlawful for any person to take or catch hard crabs or peeler crabs using any type of pot other than a licensed hard crab pot or peeler pot except as provided in § 28.2-226 of the Code of Virginia.

4 VAC 20-880-40. Limit on sale of licenses.

A. Sale of hard crab pot or peeler pot licenses for the calendar year 1996 shall be limited to the following individuals:

1. Any registered commercial fisherman who held a 1995 Virginia hard crab pot license shall be eligible for a 1996 hard crab pot license. Any registered commercial fisherman who held a 1995 Virginia peeler pot license shall be eligible for a 1996 peeler pot license. Registered commercial fishermen who held both a 1995 Virginia hard crab pot license and a 1995 Virginia peeler pot license shall be eligible for both types of licenses in 1996.

2. Any registered commercial fisherman who held one or more of the following licenses, crab pot, peeler pot or

hard crab pot, during at least two years during the calendar years 1990 through 1994, and who is in compliance with all provisions of 4 VAC 20-610-10, "Pertaining to Commercial Fishing and Mandatory Harvest Report."

3. Any registered commercial fisherman who can document to the satisfaction of the commissioner that he was regularly employed as a mate or crew member on a vessel engaged in Virginia's commercial hard crab pot or peeler pot fisheries in 1995.

Exceptions to the above conditions may be granted by the commissioner to a commercially registered fisherman if he finds significant hardship exists for the license applicant. Any applicant denied an exception may appeal the decision to the commission. The applicant shall provide a request to appeal to the commissioner 30 days in advance of the meeting at which the commission will hear the request.

Under no circumstances shall an exception be granted solely on the basis of economic hardship.

B. Individuals shall be limited to the 1995 hard crab pot license category in which they held a license, except as provided in subdivision 4 of this section.

1. Hard crab pot licensees who held a 1995 hard crab pot license in Virginia for up to 100 pots shall be limited to a maximum of 100 hard crab pots in 1996. It shall be unlawful for any person so licensed to place, set or fish more than 100 hard crab pots in 1996.

2. Hard crab pot licensees who held a 1995 hard crab pot license in Virginia for up to 300 pots shall be limited to a maximum of 300 hard crab pots on 1996. It shall be unlawful for any person so licensed to place, set or fish more than 300 hard crab pots in 1996.

3. Hard crab pot licensees who held a 1995 hard crab pot license in Virginia for up to 500 pots shall be limited to a maximum of 500 hard crab pots in 1996. It shall be unlawful for any person so licensed to place, set or fish more than 500 hard crab pots in 1996.

4. Hard crab pot licensees who held a 1995 hard crab pot license in Virginia for over 500 pots shall be limited to a maximum of 500 hard crab pots in 1996. It shall be unlawful for any person so licensed to place, set or fish more than 500 hard crab pots in 1996.

C. Individuals who did not hold a 1995 hard crab pot license in Virginia and who are licensed in 1996 under the provisions of subsection A of this section shall be limited to 100 hard crab pots in 1996.

4 VAC 20-880-50. Transfers of hard crab pot and peeler pot licenses.

A 1996 commercial hard crab or peeler pot licensee may transfer his license to a member of his immediate family, provided that the family member holds a current commercial registration license. A member of the immediate family shall mean a father, mother, daughter, son, brother, sister, or spouse. A hard crab or peeler pot licensee also may transfer his license to the buyer of his boat and crab pot or peeler pot gear provided that the buyer holds a current commercial

registration license. Any transfer of a hard crab pot or peeler pot license shall be in writing and shall be validated by a marine patrol officer.

4 VAC 20-880-60. Penalty.

As set forth in § 28.2-903 of the Code of Virginia, any person violating any provision of this chapter shall be guilty of a Class 3 misdemeanor, and a second or subsequent violation of any provision of this chapter committed by the same person within 12 months of a prior violation is a Class 1 misdemeanor.

/s/ William A. Pruitt
Commissioner

VA.R. Doc. No. R96-257; Filed February 29, 1996, 12:58 p.m.

Virginia Tax Bulletin

Virginia Department of Taxation

MARCH 20, 1996

96-1

INTEREST RATES SECOND QUARTER 1996

Rates changed: State and certain local interest rates are subject to change every quarter based on changes in federal rates established pursuant to I.R.C. § 6621. The federal rates for the second quarter of 1996 will be 8% for tax underpayments (assessments), 7% for tax overpayments (refunds), and 10% for "large corporate underpayments" as defined in I.R.C. § 6621(c). Code of Virginia § 58.1-15 provides that the underpayment rate for Virginia taxes will be 2% higher than the corresponding federal rates. Accordingly, the Virginia rates for the second quarter of 1996 will be 10% for tax underpayments, 7% for tax overpayments, and 12% for "large corporate underpayments."

Rate for Addition to Tax for Underpayments of Estimated Tax

Taxpayers whose taxable year ends on March 31, 1996: For the purpose of computing the addition to the tax for underpayment of Virginia estimated income taxes on Form 760C (for individuals, estates and trusts), Form 760F (for farmers and fishermen) or Form 500C (for corporations), the second quarter of 1996 10% underpayment rate will apply through the due date of the return, July 15, 1996.

Taxpayers whose taxable year ends on December 31, 1995: For the purpose of computing the addition to the tax for underpayment of Virginia estimated income taxes on Form 760C (for individuals, estates and trusts), Form 760F (for farmers and fishermen) or Form 500C (for corporations), the first quarter of 1996 11% underpayment rate will apply through the due date of the return, April 15, 1996, (for corporations) and May 1, 1996, (for individuals and fiduciaries).

Local Tax

Assessments: Localities assessing interest on delinquent taxes pursuant to Code of Virginia § 58.1-3916 may impose interest at a rate not to exceed 10% for the first year of delinquency, and at a rate not to exceed 10% or the federal underpayment rate in effect for the applicable quarter, whichever is greater, for the second and subsequent years of delinquency. For the second quarter of 1996, the federal underpayment rate is 8%.

Refunds: Localities which have provided for refund of erroneously assessed taxes may provide by ordinance that such refund be repaid with interest at a rate which does not exceed the rate imposed by the locality for delinquent taxes.

VirginiaTaxBulletin 96-1

Page 2

Recent Interest Rates

Accrual Period		Overpayment	Underpayment	Large Corporate
<u>Beginning</u>	<u>Through</u>	<u>(Refund)</u>	<u>(Assessment)</u>	<u>Underpayment</u>
1-Jan-87	30-Sep-87	8%	9%	—
1-Oct-87	31-Dec-87	9%	10%	—
1-Jan-88	31-Mar-88	10%	11%	—
1-Apr-88	30-Sep-88	9%	10%	—
1-Oct-88	31-Mar-89	10%	11%	—
1-Apr-89	30-Sep-89	11%	12%	—
1-Oct-89	31-Mar-91	10%	11%	—
1-Apr-91	30-Jun-91	9%	10%	—
1-Jul-91	31-Dec-91	9%	12%	14%
1-Jan-92	31-Mar-92	8%	11%	13%
1-Apr-92	30-Sep-92	7%	10%	12%
1-Oct-92	30-Jun-94	6%	9%	11%
1-Jul-94	30-Sep-94	7%	10%	12%
1-Oct-94	31-Mar-95	8%	11%	13%
1-Apr-95	30-Jun-95	9%	12%	14%
1-Jul-95	31-Mar-96	8%	11%	13%
1-Apr-96	30-Jun-96	7%	10%	12%

For additional information: Contact the Customer Services Section, Virginia Department of Taxation, P. O. Box 1115, Richmond, Virginia 23208-1115, or call the following numbers for additional information about interest rates and penalties.

Individual & Fiduciary Income Tax	(804) 367-8031
Corporation Income Tax	(804) 367-8037
Withholding Tax	(804) 367-8037
Soft Drink Excise Tax	(804) 367-8098
Aircraft Sales & Use Tax	(804) 367-8098
Other Sales & Use Taxes	(804) 367-8037

**GOVERNOR'S COMMENTS ON PROPOSED
REGULATIONS**

DEPARTMENT OF SOCIAL SERVICES

Title of Regulation: VR 615-01-57 [22 VAC 40-35-10 et seq.]
Virginia Independence Program.

Governor's Comment:

The following comments should be considered by the State Board of Social Services in promulgating the permanent regulations for the Virginia Independence Program (VR 615-01-57):

Part I. Definitions

○ The proposed definitions define truancy and delete Code section references to school attendance. The 1996 General Assembly is considering legislation that would provide a standard definition of truancy throughout the Code. If this is adopted, I recommend that the regulations reflect the new Code definition.

Part II. Eligibility Requirements

○ The regulations do not address the "good cause" provisions permitted under federal law and referenced in Virginia Code Section 63.1-105.1(A)3. A section addressing this issue should be added.

○ The draft regulations concerning compulsory school attendance, while within the parameters of the Code, may be too stringent regarding caretaker response. The Board should consider lengthening the number of days for response or requiring an intermediate step by the local department.

○ The draft regulations do not address the issue of child support obligations and compulsory school attendance requirements for minor non-custodial parents, as referenced in Section 63.1-105.5. A section addressing this issue should be added to the regulations.

○ The draft regulations regarding "Limitation on AFDC benefits" (the child cap), while philosophically consistent with the intent of the Act, may go beyond what is authorized in Section 63.1-105.7. The language regarding children born after case closure should be consistent with the authority granted in the waiver of federal law.

Part III. VIEW

○ The regulations appropriate define "on-the-job training." However, the wording is awkward and could be construed incorrectly to require on-the-job-training by all employers for such activity to constitute a legitimate "work activity."

○ The draft regulations regarding hardship exceptions may exceed the Code (Section 63.1-133.51) in the following areas:

-- The addition of the sentence limiting hardship exception: *A participant may apply for only one hardship exception.* This limitation is not authorized in

the Code and is contrary to the waiver granted by the federal government. The flexibility to grant multiple hardships exemptions should be maintained in the regulations.

-- The draft regulations do not contain a provision of the emergency regulations which stated: *The local department may petition the Commissioner to extend benefits for up to one year to allow the participant to find employment.*

The deletion of this provision could allow persons in areas of high unemployment to remain on AFDC indefinitely. VIP is premised upon the provision of temporary assistance and the deletion of this provision would severely undermine the goals of the program.

In the alternative, this section of the proposed regulations could be interpreted to allow an extension for a maximum of only 3 months. This is contrary to the intent of the Code. A one year extension, for which a local department could petition, is required to protect specific regions that suffer from severe unemployment.

-- Related to the point above, the regulations expand the number of entities to which a locality must apply for a hardship exemption and change the entity that may apply for the exemption. In the emergency regulations, the application for exemption was to be made to the DSS Commissioner. The proposed regulations designate the DSS Commissioner, the Commissioner of the Virginia Employment Commission, and the Executive Director of the Governor's Employment and Training Department as the entities charged with considering exceptions.

Further, in the emergency regulations the local DSS office was that entity which would make the request for exemption; in the proposed regulations the "locality" makes the application. There is no definition of locality, but presumably it is the local elected body and not the DSS office. A clarification is warranted.

I recommend that the Board consider the terms of the federal waiver related to the hardship exceptions and conform the regulation to these provisions.

Other:

Additionally, the terms of several minor sections of the regulations are not included in the current waiver granted to the Commonwealth and therefore, may be in violation of federal law. They are, however, consistent with the intent and authority contained in the Code.

If the Board chooses to include these provisions in the final regulations, then a clause should be added which states:

The provisions of this regulation requiring additional federal waivers shall become effective only upon the receipt of such waivers and completion of the promulgation of these regulations.

/s/ George Allen
Governor
Date: March 6, 1996

VA.R. Doc. No. R96-263; Filed March 7, 1996, 4:25 p.m.

GENERAL NOTICES/ERRATA

Symbol Key

† Indicates entries since last publication of the *Virginia Register*

DEPARTMENT OF CRIMINAL JUSTICE SERVICES

† Notice of Application to Obtain Interim Funding

The Department of Criminal Justice Services has submitted an application to the Bureau of Justice Assistance, U.S. Department of Justice, to obtain interim FY 1996 funding available through the Edward Byrne Memorial Formula Grant Program. The application requests a total of \$3,834,000 in federal funds. The department and the Criminal Justice Services Board anticipate using these funds during the fiscal year starting on July 1, 1996, to support local and state agency projects in drug enforcement and prosecution, crime prevention, training and technical assistance and other criminal justice system improvements which have previously received funding through this grant program.

The application is available for public review at the department's offices at 805 East Broad Street, Richmond, Virginia 23219. Comments from the public are welcome. Inquiries should be directed to Joe Marshall, Grants Administrator.

For more information contact Joseph Marshall, Grants Administrator, Department of Criminal Justice Services, 805 East Broad Street, 10th Floor, Richmond, VA 23219, telephone (804) 786-1577 or FAX (804) 371-8981.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

† Notices of Changes to the Virginia Medicaid Income Eligibility Levels

The Department of Medical Assistance Services hereby publishes notice of changes to the Virginia Medicaid Income Eligibility Levels as defined in Attachment 2.6 A Supplement 1 of the State Plan for Medical Assistance (VR 460-03-2.6101:1 (12 VAC 30-40-220)). These changes are effective April 1, 1996.

Section 430.12 of the Code of Federal Regulations requires that state plans for medical assistance be kept up to date with federal requirements, as in the new Federal Poverty Income Guidelines. The Health Care Financing Administration (HCFA) published its 1996 guidelines in the Federal Register (Vol. 61, No. 43, page 8286) on March 4, 1996.

Sections 1902(l), 1902(l)(1)(D), 1902(m), and 1905(s) of the Social Security Act require states to base Medicaid eligibility on percentages of the Federal Poverty Guidelines for certain categories of eligible individuals. The Federal Register notice provided updated guidelines which are effective on the date of the register publication.

This notice identifies those categories of eligible individuals whose eligibility must be based on a percentage of the Federal Poverty Income Guidelines, and the percentages required.

1902(a)(10)(E)(iii)	Special Low Income Medicare Beneficiaries	120%
1902(l)	Pregnant Women and Children Under Age 6	133%
1902(l)(1)(D)	Children born after 9/30/83 who have attained age 6 but have not attained age 19	100%
1902(m)	Qualified Medicare Beneficiaries	100%
1905(s)	Qualified Disabled and Working Individuals	200%

Each year when the annual Federal Poverty Income Guidelines (FPIGs) are published, states must revise the financial eligibility income standards for the affected categories. The standards must be effective no later than April 1 each year.

Income Level

Family Size	Based on 100% of FPIGs	Based on 120% of FPIGs	Based on 133% of PSIGs	Based on 200% of FPIGs
1	\$7,740	\$9,288	\$10,294	\$15,480
2	\$10,360	\$12,432	\$13,779	\$20,720
3	\$12,980	\$15,576	\$17,263	\$25,960
4	\$15,600	\$18,720	\$20,748	\$31,200
5	\$18,220	\$21,864	\$24,233	\$36,440

VIRGINIA MILITARY INSTITUTE

† 1996 Summer Session Catalogue

Title: 1996 Summer Session Catalogue
Virginia Military Institute

Statutory Authority: § 23-9.213 of the Code of Virginia

Effective Date: May 20, 1996.

The 1996 Summer Session Catalogue at the Virginia Military Institute sets forth both academic and nonacademic regulations for students during the 1996 VMI summer session. It also contains summer session dates, admission requirements, registration procedures, summer session fees, a description of the VMI honor code, motor vehicle regulations, and course offerings.

Contact: John L. Rowe, Jr., Office of the Business Executive, Virginia Military Institute, Lexington, VA 24450-0304, telephone (540) 464-7321.

VIRGINIA CODE COMMISSION

Notice to State Agencies

Mailing Address: Our mailing address is: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219. You may FAX in your notice; however, we ask that you FAX two copies and do not follow up with a mailed copy. Our FAX number is: (804) 692-0625.

Forms for Filing Material on Dates for Publication in *The Virginia Register of Regulations*

All agencies are required to use the appropriate forms when furnishing material and dates for publication in *The Virginia Register of Regulations*. The forms are supplied by the office of the Registrar of Regulations. If you do not have any forms or you need additional forms, please contact: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

FORMS:

NOTICE of INTENDED REGULATORY ACTION - RR01
NOTICE of COMMENT PERIOD - RR02
PROPOSED (Transmittal Sheet) - RR03
FINAL (Transmittal Sheet) - RR04
EMERGENCY (Transmittal Sheet) - RR05
NOTICE of MEETING - RR06
AGENCY RESPONSE TO LEGISLATIVE OBJECTIONS - RR08

ERRATA

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Title of Regulation: VR 155-01-2:1 [18 VAC 30-20-10 et seq.] Regulations of the Board of Audiology and Speech-Language Pathology.

Publication: 10:23 VA.R. 5713-5730 August 8, 1994.

Correction to Final Regulation:

Page 5722, Appendix III, subdivision A 2, change "250" to "350"

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

Title of Regulation: VR 400-02-0001 [13 VAC 10-20-10 et seq.] Rules and Regulations for Multi-Family Housing Developments.

Publication: 11:21 VA.R. 3473-3484 July 10, 1995.

Correction to Final Regulation:

Editor's Note: The added text shown below was promulgated and published in 5:8 VA.R. 1080 January 16, 1989, and became effective December 16, 1988. However, this text was inadvertently omitted from amendments promulgated in 8:6 VA.R. 967-981 December 16, 1991, and from all subsequent amendments.

Page 3484, § 13, column 2, last paragraph, line 2 after "regulatory" insert "controls, mortgage loan increases and restructurings, and releases of"

Title of Regulation: 13 VAC 10-180-10 et seq. Rules and Regulations for Allocation of Low-Income Housing Tax Credits.

Publication: 12:11 VA.R. 1477-1499 February 19, 1996.

Corrections to Final Regulation:

Page 1484, column 1, 13 VAC 10-180-60, subdivision 5 a, line 5, after "controlling general partner or partners" insert "or principals of the controlling general partner or partners"

Page 1484, column 2, 13 VAC 10-180-60, subdivision 5 a, line 1, after "capacity of controlling partner or partners" delete "or principals of the controlling general partner or partners"

CALENDAR OF EVENTS

Symbol Key

- † Indicates entries since last publication of the *Virginia Register*
♿ Location accessible to handicapped
☎ Telecommunications Device for Deaf (TDD)/Voice Designation

NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the *Virginia Register* deadline may preclude a notice of such cancellation.

For additional information on open meetings and public hearings held by the Standing Committees of the Legislature during the interim, please call Legislative Information at (804) 786-6530.

VIRGINIA CODE COMMISSION

EXECUTIVE

BOARD FOR ACCOUNTANCY

April 22, 1996 - 10 a.m. -- Open Meeting

April 23, 1996 - 8 a.m. -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

An open meeting to discuss regulatory review and other matters requiring board action. A public comment period will be held at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Nancy Taylor Feldman, Assistant Director, Board for Accountancy, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-2474 or (804) 367-9753/TDD ☎

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Virginia Horse Industry Board

May 10, 1996 - 11 a.m. -- Open Meeting

Northern Virginia 4-H Educational Center, 600 4-H Center Drive, Library, Front Royal, Virginia.♿

The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodations in order to participate at the meeting should contact Andrea S. Heid at least five days before the meeting date so that suitable arrangements can be made.

Contact: Andrea S. Heid, Equine Marketing Specialist, Department of Agriculture and Consumer Services, 1100 Bank St., Room 906, Richmond, VA 23219, telephone (804) 786-5842 or (804) 371-6344/TDD ☎

Pesticide Control Board

April 11, 1996 - 9 a.m. -- Open Meeting

Washington Building, 1100 Bank Street, Board Room, Room 204, Richmond, Virginia.♿

Committee meetings and a general business meeting. Portions of the meeting may be held in closed session pursuant to § 2.1-344 of the Code of Virginia. The public will have an opportunity to comment on any matter not on the board's agenda beginning at 9 a.m. Any person who needs any accommodations in order to participate at the meeting should contact Dr. Marvin A. Lawson at least 10 days before the meeting date so that suitable arrangements can be made.

Contact: Dr. Marvin A. Lawson, Program Manager, Office of Pesticide Services, Department of Agriculture and Consumer Services, 1100 Bank St., Room 401, P.O. Box 1163, Richmond, VA 23218, telephone (804) 371-6558.

Virginia Winegrowers Advisory Board

April 3, 1996 - 10 a.m. -- Open Meeting

The Boar's Head Inn, Route 250 West, Charlottesville, Virginia.♿

The annual meeting of the board to conduct regular board business including committee reports. The board will also hear budget requests from individuals seeking grants for the '96-'97 funding year. The board will entertain public comment after the grant proposals have been given and before the board votes on the proposals. Any person who needs any accommodations in order to participate at the meeting should contact Mary E. Davis-Barton at least five days before the meeting date so that suitable arrangements can be made.

Contact: Mary E. Davis-Barton, Secretary, Virginia Winegrowers Advisory Board, Department of Agriculture and

Consumer Services, 1100 Bank St., Room 1010, Richmond, VA 23219, telephone (804) 786-0481.

STATE AIR POLLUTION CONTROL BOARD

April 2, 1996 - 9 a.m. -- Open Meeting
General Assembly Building, 910 Capitol Square, House Room C, Richmond, Virginia.

A regular meeting of the board.

Contact: Cindy M. Berndt, Regulatory Coordinator, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4378.

April 8, 1996 - 10 a.m. -- Public Hearing
Department of Environmental Quality, 629 East Main Street, First Floor, Training Room, Richmond, Virginia.

April 9, 1996 - 10 a.m. -- Public Hearing
Alexandria City Hall, 301 King Street, Room 2000, Alexandria, Virginia.

May 3, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Air Pollution Control Board intends to adopt regulations entitled: **9 VAC 5-150-10 et seq. Regulation for Transportation Conformity.** The regulation establishes criteria and procedures for the transportation planning organization to use when determining whether federally-funded transportation plans, programs, and projects are in conformance with air quality plans before they are adopted. In addition, highway or transit projects which are funded or approved by the Federal Highway Administration or the Federal Transit Administration must be found to conform before they are approved or funded by U.S. Department of Transportation or a Metropolitan Planning Organization. This will apply in the Northern Virginia, Richmond, and Hampton Roads nonattainment areas. "Conformity" means that the activity will not (i) cause or contribute to any new violation of any standard in any area, (ii) will not increase the frequency or severity of any existing violation of any standard in any area, or (iii) will not delay timely attainment of any standard or any required interim emission reductions or other milestones in any area.

A transportation activity must not adversely affect implementation of the state implementation plan or the timely attainment and maintenance of the National Ambient Air Quality Standards. This integration of transportation activities and air quality planning is intended to ensure that emissions growth projections are not exceeded, emissions reduction targets are met, and maintenance efforts are not undermined.

Request for Comments: The purpose of this notice is to provide the public with the opportunity to comment on the proposed regulation and the costs and benefits of the proposal.

Localities Affected: The localities affected by the proposed regulation are as follows:

1. The Northern Virginia Ozone Nonattainment Area: Arlington County, Fairfax County, Fauquier County, Loudoun County, Prince William County, Stafford County, the City of Alexandria, the City of Fairfax, the City of Falls Church, the City of Manassas, and the City of Manassas Park.
2. The Richmond Ozone Nonattainment Area: Charles City County, Chesterfield County, Hanover County, Henrico County, the City of Colonial Heights, the City of Hopewell, and the City of Richmond.
3. The Hampton Roads Ozone Nonattainment Area: James City County, York County, the City of Chesapeake, the City of Hampton, the City of Newport News, the City of Norfolk, the City of Poquoson, the City of Portsmouth, the City of Suffolk, the City of Virginia Beach, and the City of Williamsburg.
4. Maintenance areas, i.e., the above areas when redesignated to attainment.

Location of Proposal: The proposal, an analysis conducted by the department (including: a statement of purpose, a statement of estimated impact and benefits of the proposed regulation, an explanation of need for the proposed regulation, an estimate of the impact of the proposed regulation upon small businesses, identification of and comparison with federal requirements, and a discussion of alternative approaches) and any other supporting documents may be examined by the public at the Department's Office of Air Program Development (Eighth Floor), 629 East Main Street, Richmond, Virginia, and the department's regional offices (listed below) between 8:30 a.m. and 4:30 p.m. of each business day until the close of the public comment period.

Fredericksburg Satellite Office
Department of Environmental Quality
300 Central Road, Suite B
Fredericksburg, Virginia
Ph: (540) 899-4600

Piedmont Regional Office
Department of Environmental Quality
4949-A Cox Road
Innsbrook Corporate Center
Glen Allen, Virginia
Ph: (804) 527-5020

Tidewater Regional Office
Department of Environmental Quality
Old Greenbrier Village, Suite A
2010 Old Greenbrier Road
Chesapeake, Virginia
Ph: (804) 424-6707

Springfield Satellite Office
Department of Environmental Quality
Springfield Corporate Center, Suite 310
6225 Brandon Avenue
Springfield, Virginia
Ph: (703) 644-0311

Calendar of Events

Statutory Authority: § 10.1-1308 of the Code of Virginia.

Public comments may be submitted until 4:30 p.m., Friday, May 3, 1996 to the Director, Office of Air Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240.

Contact: Mary E. Major, Policy Analyst Senior, Air Programs Section, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 762-4423.

* * * * *

April 8, 1996 - 10 a.m. -- Public Hearing
Department of Environmental Quality, 629 East Main Street,
First Floor, Training Room, Richmond, Virginia.

April 9, 1996 - 10 a.m. -- Public Hearing
Alexandria City Hall, 301 King Street, Room 2000,
Alexandria, Virginia.

May 3, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Air Pollution Control Board intends to adopt regulations entitled: **9 VAC 5-160-10 et seq. Regulation for General Conformity.** The regulation establishes criteria and procedures for federal agencies to use when determining whether their nontransportation actions conform with air quality plans before they are adopted. It will apply in the Northern Virginia, Richmond, and Hampton Roads nonattainment areas. "Conformity" means that the activity will not (i) cause or contribute to any new violation of any standard in any area, (ii) will not increase the frequency or severity of any existing violation of any standard in any area, or (iii) will not delay timely attainment of any standard or any required interim emission reductions or other milestones in any area.

A federal activity must not adversely affect implementation of the state implementation plan or the timely attainment and maintenance of the National Ambient Air Quality Standards. This integration of federal activities and air quality planning is intended to ensure that emissions growth projections are not exceeded, emissions reduction targets are met, and maintenance efforts are not undermined.

Request for Comments: The purpose of this notice is to provide the public with the opportunity to comment on the proposed regulation and the costs and benefits of the proposal.

Localities Affected: The localities affected by the proposed regulation are as follows:

1. The Northern Virginia Ozone Nonattainment Area: Arlington County, Fairfax County, Fauquier County, Loudoun County, Prince William County, Stafford County, the City of Alexandria, the City of Fairfax, the City of Falls Church, the City of Manassas, and the City of Manassas Park.

2. The Richmond Ozone Nonattainment Area: Charles City County, Chesterfield County, Hanover County, Henrico County, the City of Colonial Heights, the City of Hopewell, and the City of Richmond.

3. The Hampton Roads Ozone Nonattainment Area: James City County, York County, the City of Chesapeake, the City of Hampton, the City of Newport News, the City of Norfolk, the City of Poquoson, the City of Portsmouth, the City of Suffolk, the City of Virginia Beach, and the City of Williamsburg.

4. Maintenance areas, i.e., the above areas when redesignated to attainment.

Location of Proposal: The proposal, an analysis conducted by the department (including: a statement of purpose, a statement of estimated impact and benefits of the proposed regulation, an explanation of need for the proposed regulation, an estimate of the impact of the proposed regulation upon small businesses, identification of and comparison with federal requirements, and a discussion of alternative approaches) and any other supporting documents may be examined by the public at the Department's Office of Air Program Development (Eighth Floor), 629 East Main Street, Richmond, Virginia, and the department's regional offices (listed below) between 8:30 a.m. and 4:30 p.m. of each business day until the close of the public comment period.

Fredericksburg Satellite Office
Department of Environmental Quality
300 Central Road, Suite B
Fredericksburg, Virginia
Ph: (703) 899-4600

Piedmont Regional Office
Department of Environmental Quality
4949-A Cox Road
Innsbrook Corporate Center
Glen Allen, Virginia
Ph: (804) 527-5020

Tidewater Regional Office
Department of Environmental Quality
Old Greenbrier Village, Suite A
2010 Old Greenbrier Road
Chesapeake, Virginia
Ph: (804) 424-6707

Springfield Satellite Office
Department of Environmental Quality
Springfield Corporate Center, Suite 310
6225 Brandon Avenue
Springfield, Virginia
Ph: (703) 644-0311

Statutory Authority: § 10.1-1308 of the Code of Virginia.

Public comments may be submitted until 4:30 p.m., Friday, May 3, 1996 to the Director, Office of Air Program Development, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240.

Contact: Karen G. Sabasteanski, Policy Analyst, Air Programs Section, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240, telephone (804) 762-4426.

State Advisory Board on Air Pollution

May 8, 1996 - 9 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, Conference Room D, Richmond, Virginia. ♿

The board will meet three times to discuss air quality topics and develop recommendations for the State Air Pollution Control Board on (i) what could and should be considered by the board in making regulatory changes; (ii) guidelines for small businesses in conducting environmental audits; and (iii) electronic information sharing between DEQ and the public. These recommendations will be presented to the board in the fall.

Contact: Kathy Frahm, Policy Analyst, Department of Environmental Quality, 629 E. Main St., Richmond, VA 23219, telephone (804) 698-4376 or FAX (804) 698-4346.

ALCOHOLIC BEVERAGE CONTROL BOARD

April 1, 1996 - 9:30 a.m. -- Open Meeting
April 15, 1996 - 9:30 a.m. -- Open Meeting
April 29, 1996 - 9:30 a.m. -- Open Meeting
May 13, 1996 - 9:30 a.m. -- Open Meeting
May 29, 1996 - 9:30 a.m. -- Open Meeting
Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, Virginia. ♿

A meeting to receive and discuss reports from and activities of staff members. Other matters have not yet been determined.

Contact: W. Curtis Coleburn, Secretary to the Board, Department of Alcoholic Beverage Control, 2901 Hermitage Rd., P.O. Box 27491, Richmond, VA 23261, telephone (804) 367-0712 or FAX (804) 367-1802.

AUCTIONEERS BOARD

† **April 17, 1996 - 9 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A meeting to conduct general board business. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or (804) 367-9753/TDD ♿

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

† **May 16, 1996 - 9:30 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. ♿

A general board meeting will follow the 9:30 a.m. public hearing regarding licensure fee reductions. Public comments will be received at the beginning of the meeting for 15 minutes.

Contact: Lisa Russell Hahn, Executive Director, Board of Audiology and Speech-Language Pathology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9111, FAX (804) 662-9943, or (804) 662-7197/TDD ♿

† **May 16, 1996 - 9:30 a.m.** -- Public Hearing
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.

† **June 1, 1996** -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Audiology and Speech-Language Pathology intends to amend regulations entitled: **18 VAC 30-20-10 et seq. Regulations of the Board of Audiology and Speech-Language Pathology.** The board proposes to lower its fees for initial applications for licensure, verifications and renewal of licensure.

Statutory Authority: §§ 54.1-113 and 54.1-2400 of the Code of Virginia.

Contact: Lisa J. Russell Hahn, Executive Director, Board of Audiology and Speech-Language Pathology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9111, FAX (804) 662-9943, or (804) 662-7197/TDD ♿

VIRGINIA AVIATION BOARD

April 1, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Aviation Board intends to amend regulations entitled: **VR 165-01-02:1 [24 VAC 5-20-10 et seq.] Regulations Governing the Licensing and Operation of Airports and Aircraft and Obstructions to Airspace in the Commonwealth of Virginia.** The purpose of the proposed action is to amend the Virginia Aviation Regulations to (i) comply with statutory changes; and (ii) enact provisions identified per the comprehensive review of regulations (Executive Order 15(94)).

Statutory Authority: §§ 5.1-2.2 and 5.1-2.15 of the Code of Virginia.

Calendar of Events

Contact: Michael A. Waters, Policy Analyst Senior, Department of Aviation, 5702 Gulfstream Rd., Sandston, VA 23150-2502, telephone (804) 236-3631, FAX (804) 236-3625, toll-free 1-800-292-1034 or (804) 236-3624/TDD ☎

April 23, 1996 - 1 p.m. -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia.☎ (Interpreter for the deaf provided upon request)

A workshop for the board. No formal actions will be taken.

Contact: Cindy Waddell, Department of Aviation, 5702 Gulfstream Road, Sandston, VA 23150, telephone (804) 236-3625 or (804) 236-3624/TDD ☎

April 24, 1996 - 9 a.m. -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia.☎ (Interpreter for the deaf provided upon request)

A regular bimonthly meeting of the board. Applications for state funding will be presented to the board and other matters of interest to the Virginia aviation community will be discussed. Individuals with disabilities should contact Cindy Waddell 10 days prior to the meeting if assistance is needed.

Contact: Cindy Waddell, Department of Aviation, 5702 Gulfstream Road, Sandston, VA 23150, telephone (804) 236-3625 or (804) 236-3624/TDD ☎

BOARD FOR BARBERS

April 1, 1996 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.☎

A general business meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 2 weeks prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Karen W. O'Neal, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-2475 or (804) 367-9753/TDD ☎

CHESAPEAKE BAY LOCAL ASSISTANCE BOARD

Northern Area Review Committee

† April 18, 1996 - 10 a.m. -- Open Meeting
Chesapeake Bay Local Assistance Department, 805 East Broad Street, Suite 701, Richmond, Virginia.☎ (Interpreter for the deaf provided upon request)

A meeting to review Chesapeake Bay Preservation Area programs for the Northern Area. Persons interested in

observing should call the Chesapeake Bay Local Assistance Department to verify meeting time, location and schedule. No comments from the public will be entertained at the committee meeting; however, written comments are welcome.

Contact: Florence E. Jackson Dickerson, Program Support Technician, Chesapeake Bay Local Assistance Department, 805 E. Broad St., Suite 701, Richmond, VA 23219, telephone (804) 225-3440, FAX (804) 225-3447 or toll-free 1-800-243-7229/TDD ☎

Southern Area Review Committee

† April 19, 1996 - 10 a.m. -- Open Meeting
Chesapeake Bay Local Assistance Department, 805 East Broad Street, Suite 701, Richmond, Virginia.☎ (Interpreter for the deaf provided upon request)

A meeting to review Chesapeake Bay Preservation Area programs for the Southern Area. Persons interested in observing should call the Chesapeake Bay Local Assistance Department to verify meeting time, location and schedule. No comments from the public will be entertained at the committee meeting; however, written comments are welcome.

Contact: Florence E. Jackson Dickerson, Program Support Technician, Chesapeake Bay Local Assistance Department, 805 E. Broad St., Suite 701, Richmond, VA 23219, telephone (804) 225-3440, FAX (804) 225-3447 or toll-free 1-800-243-7229/TDD ☎

CHILD DAY-CARE COUNCIL

† April 11, 1996 - 9:30 a.m. -- Open Meeting
† May 2, 1996 - 9:30 a.m. -- Open Meeting
Department of Social Services, Theater Row Building, 730 East Broad Street, Lower Level Conference Room, Room 1, Richmond, Virginia.☎ (Interpreter for the deaf provided upon request)

The council will meet to discuss issues and concerns that impact child day centers, camps, school age programs, and preschool/nursery schools. Public comment period will be at noon. Please call ahead of time for possible changes in meeting time.

Contact: Rhonda Harrell, Division of Licensing Programs, Department of Social Services, 730 E. Broad St., 7th Floor, Richmond, VA 23219, telephone (804) 692-1775.

VIRGINIA STATE CHILD FATALITY REVIEW TEAM

April 26, 1996 - 10 a.m. -- Open Meeting
State Corporation Commission, 1300 East Main Street, Conference Room, 3rd or 5th Floor, Richmond, Virginia.☎

A meeting to discuss the status of funding, recent legislative actions, and to update the status of educational endeavors and receive preliminary data on one class of violent deaths of children that will be studied

this year. The second part of the meeting will be closed for specific case discussion.

Contact: Marcella F. Fierro, M.D., Chief Medical Examiner, 9 N. 14th St., Richmond, VA 23219, telephone (804) 786-1033, FAX (804) 371-8595, or toll-free 1-800-447-1706.

COMPENSATION BOARD

April 25, 1996 - 1 p.m. -- Open Meeting
Ninth Street Office Building, 202 North Ninth Street, Room 913/913A, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A routine business meeting.

Contact: Bruce W. Haynes, Executive Secretary, P.O. Box 710, Richmond, VA 23206-0710, telephone (804) 786-0786, FAX (804) 371-0235, or (804) 786-0786/TDD

DEPARTMENT OF CONSERVATION AND RECREATION

Falls of the James Scenic River Advisory Board

April 4, 1996 - Noon -- Open Meeting.
City Hall, Planning Commission Conference Room, 5th Floor, Richmond, Virginia.

A meeting to review river issues and programs.

Contact: Richard G. Gibbons, Environmental Program Manager, Department of Conservation and Recreation, Division of Planning and Recreation Resources, 203 Governor St., Richmond, VA 23219, telephone (804) 786-4132, FAX (804) 371-7899 or (804) 786-2121/TDD

North Landing Scenic River Advisory Board

† April 1, 1996 - 7 p.m. -- Open Meeting
Izzak Walton Club, 2132 Shipyard Road, Deep Water (Chesapeake), Virginia.

A meeting to discuss river issues and programs.

Contact: Richard G. Gibbons, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Richmond, VA 23219, telephone (804) 786-4132, FAX (804) 371-7899, or (804) 786-2121/TDD

BOARD FOR CONTRACTORS

† April 10, 1996 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A regularly scheduled meeting to address policy and procedural issues; review and render decisions on applications for contractor licenses/certificates; and review and render case decisions on matured complaints

against licensees/certificants. The meeting is open to the public; however, a portion of the board's business may be discussed in executive session. The department fully complies with the Americans with Disabilities Act. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact Geralde W. Morgan.

Contact: Geralde W. Morgan, Senior Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-2785.

† April 25, 1996 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to review board member reports and summaries from informal fact-finding conferences held pursuant to the Administrative Process Act, and to review consent order offers in lieu of further disciplinary proceedings. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department. The department fully complies with the Americans with Disabilities Act. Please notify the department of your request at least two weeks in advance.

Contact: Debbie A. Amaker, Legal Assistant, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8582 or (804) 367-9753/TDD

BOARD OF CORRECTIONS

† April 17, 1996 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

A meeting to discuss matters which may be presented to the board.

Contact: Barbara Fellows, Secretary to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

Administration Committee

† April 17, 1996 - 8:30 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Richmond, Virginia.

A meeting to discuss administrative matters which may be presented to the full board.

Contact: Barbara Fellows, Secretary to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

Correctional Services Committee

† April 16, 1996 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

Calendar of Events

A meeting to discuss correctional services matters which may be presented to the full board.

Contact: Barbara Fellows, Secretary to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235 or FAX (804) 674-3130.

BOARD FOR COSMETOLOGY

April 8, 1996 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☎

A general business meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact Karen W. O'Neal. The department fully complies with the Americans with Disabilities Act. Please notify the department of your request at least two weeks in advance.

Contact: Karen W. O'Neal, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0500, FAX (804) 367-2475 or (804) 367-9753/TDD ☎

BOARD OF DENTISTRY

† **April 19, 1996 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia. ☎
(Interpreter for the deaf provided upon request)

The Informal Conference Committee will hold conferences. This is a public meeting; however, no public comment will be taken.

Contact: Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9906 or (804) 662-7197/TDD ☎

† **April 26, 1996 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia. ☎
(Interpreter for the deaf provided upon request)

The Informal Conference Committee will hold conferences on endorsement applicants. This is a public meeting; however, no public comment will be taken.

Contact: Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9906 or (804) 662-7197/TDD ☎

LOCAL EMERGENCY PLANNING COMMITTEE - GLOUCESTER COUNTY

April 24, 1996 - 6:30 p.m. -- Open Meeting
Gloucester County Administration Building, Conference Room, Gloucester, Virginia. ☎ (Interpreter for the deaf provided upon request)

A meeting to discuss the annual exercise, appointments to the committee, amendments to the bylaws, and a briefing on the recently updated County Emergency Operations Plan.

Contact: Georgette N. Hurley, Assistant County Administrator, P.O. Box 329, Gloucester, VA 23061, telephone (804) 693-4042 or (804) 693-1479/TDD ☎

LOCAL EMERGENCY PLANNING COMMITTEE - WINCHESTER

April 3, 1996 - 3 p.m. -- Open Meeting
Shawnee Fire Company, 2333 Roosevelt Boulevard, Winchester, Virginia.

A meeting to vote on proposed bylaws amendments.

Contact: L. A. Miller, Fire Chief, Winchester Fire and Rescue Department, 126 N. Cameron St., Winchester, VA 22601, telephone (540) 662-2298 or (540) 665-5645/TDD ☎

DEPARTMENT OF ENVIRONMENTAL QUALITY

Work Group on Ammonia, Mercury, Lead and Copper with Respect to Water Quality Standards

May 2, 1996 - 10 a.m. -- Open Meeting
Department of Environmental Quality, 629 East Main Street, 6th Floor Conference Room, Richmond, Virginia. ☎

The department has established a work group on four topics with respect to the water quality standards program: mercury, ammonia, lead, and copper. The work group will, upon completion, advise the Director of Environmental Quality. Other meetings of the work group have been tentatively scheduled for June 6, July 11, August 8, and September 12, 1996. Persons interested in the meetings should confirm meeting date, time and location with Alan J. Anthony.

Contact: Alan J. Anthony, Chairman, Work Group on Ammonia, Mercury, Lead and Copper, 629 E. Main St., P.O. Box 10009, Room 205, Richmond, VA 23240-0009, telephone (804) 698-4114, FAX (804) 698-4522, or toll-free 1-800-592-5482.

Technical Advisory Committee for Solid Waste Management Regulations

April 26, 1996 - 10 a.m. -- Open Meeting

May 31, 1996 - 10 a.m. -- Open Meeting

Department of Environmental Quality, 629 East Main Street, First Floor Training Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to discuss desirable amendments to the current Virginia Solid Waste Management Regulations (VR 672-20-10) [9 VAC 20-80-10 et seq.]

Contact: Dr. Wladimir Gulevich, Office of Technical Assistance, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-0009, telephone (804) 698-4218, FAX (804) 698-4327 or (804) 698-4021/TDD

VIRGINIA FIRE SERVICES BOARD

April 18, 1996 - 7:30 p.m. -- Public Hearing

Onancock Volunteer Fire Department, Onancock, Virginia.

A public hearing to discuss fire training and policies. The meeting is open to the public for comments and input.

Contact: Bobby L. Stanley, Jr., Executive Director, Department of Fire Programs, 2807 N. Parham Rd., Suite 200, Richmond, VA 23294, telephone (804) 527-4236.

April 19, 1996 - 9 a.m. -- Open Meeting

Wallops Island Flight Facility Base, Eastern Shore, Virginia.

A business meeting to discuss fire training and policies. The meeting is open to the public for comments and input.

Contact: Bobby L. Stanley, Jr., Executive Director, Department of Fire Programs, 2807 N. Parham Rd., Suite 200, Richmond, VA 23294, telephone (804) 527-4236.

Executive Committee

† **April 17, 1996 - 10 a.m.** -- Open Meeting

Norfolk Fire and Paramedical Services, 540 East City Hall Avenue, Chief Wakeham's Office, Norfolk, Virginia.

A general business meeting.

Contact: Bobby L. Stanley, Jr., Executive Director, Department of Fire Programs, 2807 N. Parham Rd., Suite 200, Richmond, VA 23294, telephone (804) 527-4236.

Fire/EMS Education and Training Committee

April 18, 1996 - 10 a.m. -- Open Meeting

Wallops Island Flight Facility Base, Eastern Shore, Virginia.

A business meeting to discuss fire training and policies. The meeting is open to the public for comments and input.

Contact: Bobby L. Stanley, Jr., Executive Director, Department of Fire Programs, 2807 N. Parham Rd., Suite 200, Richmond, VA 23294, telephone (804) 527-4236.

Fire Prevention and Control Committee

April 18, 1996 - 9 a.m. -- Open Meeting

Wallops Island Flight Facility Base, Eastern Shore, Virginia.

A business meeting to discuss fire training and policies. The meeting is open to the public for comments and input.

Contact: Bobby L. Stanley, Jr., Executive Director, Department of Fire Programs, 2807 N. Parham Rd., Suite 200, Richmond, VA 23294, telephone (804) 527-4236.

Legislative/Liaison Committee

April 18, 1996 - 1 p.m. -- Open Meeting

Wallops Island Flight Facility Base, Eastern Shore, Virginia.

A business meeting to discuss fire training and policies. The meeting is open to the public for comments and input.

Contact: Bobby L. Stanley, Jr., Executive Director, Department of Fire Programs, 2807 N. Parham Rd., Suite 200, Richmond, VA 23294, telephone (804) 527-4236.

BOARD OF FORESTRY

† **April 9, 1996 - 8 a.m.** -- Open Meeting

Smithfield Station, 415 South Church Street, Smithfield, Virginia. (Interpreter for the deaf provided upon request)

A general business meeting. Any person requiring an interpreter for the deaf should notify the department at least five days prior to the meeting.

Contact: Barbara A. Worrell, Administrative Staff Specialist, P.O. Box 3758, Charlottesville, VA 22903-0758, telephone (804) 977-6555/TDD

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

† **April 30, 1996 - 9 a.m.** -- Open Meeting

Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.

A general board meeting to discuss board business. Public comments will be received at the beginning of the meeting for 15 minutes. Informal hearings will follow.

Contact: Lisa Russell Hahn, Executive Director, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907, FAX (804) 662-9943 or (804) 662-7197/TDD

Calendar of Events

BOARD OF GAME AND INLAND FISHERIES

April 25, 1996 - 10 a.m. -- Open Meeting

† **April 26, 1996 - 8 a.m.** -- Open Meeting

Department of Game and Inland Fisheries, 4010 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The board will meet and review relevant 1996 General Assembly actions and agency needs. The board will also address amendments to regulations proposed at its January 18, 1996, board meeting pertaining to foxhound training preserves, the live-trapping of foxes for the purpose of stocking such preserves, and the amount of the fee to be charged for permitting a foxhound training preserve, and will determine whether the proposed regulations will be adopted as final regulations.

The board will solicit comments from the public during the public hearing portion of the meeting, at which time any interested citizen present shall be heard. The board will also hear the results of three public input meetings held March 11, 12, and 14, 1996, for the purpose of providing the public with an opportunity to review and comment on the proposed regulations pertaining to foxhound training preserves. The board reserves the right to expand or restrict the proposed regulation amendments, as necessary, for the proper management of fish and wildlife resources. These changes may be more liberal than, or more stringent than, the regulations currently in effect, or the regulation amendments proposed at the January 18, 1996, meeting.

In addition, general and administrative issues may be discussed by the board. The board may hold an executive session beginning at 9 a.m. on April 25, and chairmen of various board committees may request committee meetings in conjunction with this meeting or thereafter.

Contact: Phil Smith, Policy Analyst, Department of Game and Inland Fisheries, 4010 W. Broad St., Richmond, VA 23230, telephone (804) 367-8341 or FAX (804) 367-2427.

CHARITABLE GAMING COMMISSION

† **April 11, 1996 - 9:30 a.m.** -- Open Meeting

State Capitol, Capitol Square, House Room 4, Richmond, Virginia.

A regular meeting. Public comment will be received.

Contact: Kari Walter, Policy Analyst, Charitable Gaming Commission, 200 N. 9th St., Room 1030, Richmond, VA 23219, telephone (804) 786-0238 or FAX (804) 786-1079.

DEPARTMENT OF HEALTH (STATE BOARD OF)

May 20, 1996 - 7 p.m. -- Public Hearing

Loudoun County Government Center, Market Street, Leesburg, Virginia.

For more information contact: Larry Yates (703) 777-0234

May 20, 1996 - 7 p.m. -- Public Hearing

Franklin County Board of Supervisors Meeting Room, Main Street, Rocky Mount, Virginia.

For more information contact: Tim Baker (540) 638-2311

May 21, 1996 - 7 p.m. -- Public Hearing

Juvenile Court Building, 701 Princess Anne Street, Fredericksburg, Virginia.

For more information contact: Gary Switzer (540) 899-4797

May 21, 1996 - 7 p.m. -- Public Hearing

Eastern Shore Community College, Melfa, Virginia.

For more information contact: Artie Miles (804) 787-5886

May 22, 1996 - 7 p.m. -- Public Hearing

Newport News Health Department Auditorium, 416 J. Clyde Morris Boulevard, Newport, News, Virginia.

For more information contact: Larry Nycum (804) 253-4813

May 22, 1996 - 7 p.m. -- Public Hearing

Lord Fairfax Community College Meeting Room, Woodstock, Virginia.

For more information contact: Kelly Vanover (540) 722-3480

May 23, 1996 - 7 p.m. -- Public Hearing

Central Library Auditorium, Virginia Beach, Virginia.

For more information contact: Frank "Skip" Scanton (804) 491-5940

May 23, 1996 - 7 p.m. -- Public Hearing

Augusta County Government Center, Route 11, Verona, Virginia.

For more information contact: Allen Gutshall (540) 332-7830

May 28, 1996 - 7 p.m. -- Public Hearing

Board of Supervisors Room, Richmond, Virginia.

For more information contact: Mike Campbell (804) 672-4530

May 29, 1996 - 7 p.m. -- Public Hearing

Farmville Area Bus Station, Farmville, Virginia.

For more information contact: Wayne Lynhart (804) 392-3984

May 29, 1996 - 7 p.m. -- Public Hearing

Blacksburg Municipal Building, 300 South Main Street, Blacksburg, Virginia.

For more information contact: Bruce Hicks (540) 676-5520

May 30, 1996 - 7 p.m. -- Public Hearing

Washington County Library, Oak Hill and Valley Street, Abingdon, Virginia.

For more information contact: Bruce Hicks (540) 676-5520

May 31, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Health intends to amend regulations entitled: **12 VAC 5-610-10 et seq. Sewage Handling and Disposal Regulations.** The purpose of the proposed amendments is to (i) increase the separation distance to a water table below a drainfield from two to 20 inches to 18 or 24 inches; (ii) increase the separation distance to bedrock below a drainfield from 12 inches to 18 inches; (iii) encourage the

use of new and innovative onsite wastewater technologies by granting provisional approval to promising new systems; (iv) increase ground water protection standards for large onsite systems (mass drainfields); (v) reduce the installation depth for conventional systems from 18 inches to six to 12 inches; (vi) add provisions that will make it easier for homeowners to know when to pump their septic tank; and (vii) make administrative changes designed to revise cumbersome portions of the regulations and make it easier for the public to comply with the regulations (i.e., reduced "red tape").

Statutory Authority: §§ 32.1-12 and 32.1-164 of the Code of Virginia.

Contact: Donald J. Alexander, Director, Division of Onsite Sewage and Water Services, P.O. Box 2448, Suite 117, Richmond, VA 23218, telephone (804) 786-1750 or FAX (804) 225-4003.

Biosolids Use Information Committee

April 11, 1996 - 1 p.m. -- Open Meeting
UVA Richmond Center, 7740 Shrader Road, Suite E, Richmond, Virginia. ♿

A meeting to review and evaluate specific concerns relating to the land application and agricultural use of biosolids, including issues related to the final Biosolids Use Regulations recently adopted by the State Board of Health to regulate the land application, marketing, or distribution of biosolids.

Contact: C. M. Sawyer, Director, Division of Wastewater Engineering, Department of Health, Office of Water Programs, P.O. Box 2448, Richmond, VA 23218, telephone (804) 786-1755 or FAX (804) 786-5567.

Biosolids Use Regulations Advisory Committee

April 11, 1996 - 10 a.m. -- Open Meeting
UVA Richmond Center, 7740 Shrader Road, Suite E, Richmond, Virginia. ♿

A meeting to discuss issues concerning the implementation and proposed revisions of the Biosolids Use Regulations involving land application, distribution, or marketing of biosolids.

Contact: C. M. Sawyer, Director, Division of Wastewater Engineering, Department of Health, Office of Water Programs, P.O. Box 2448, Richmond, VA 23218, telephone (804) 786-1755 or FAX (804) 371-2891.

Shellfish and Crustacea Advisory Committee

April 2, 1996 - 9:30 a.m. -- Open Meeting
Virginia Tech Seafood Experiment Station, Hampton, Virginia.

A meeting to review existing Virginia Board of Health regulations governing the picking and packing of crabmeat and the process for implementing shellfish closures around marinas.

Contact: Keith Skiles, Program Manager, Department of Health, 1500 E. Main St., Suite 109, Richmond, VA 23219, telephone (804) 786-7937 or FAX (804) 371-2891.

BOARD OF HEALTH PROFESSIONS

† April 16, 1996 - 1:30 p.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. ♿
(Interpreter for the deaf provided upon request)

A board meeting to receive reports from committees dealing with the study of the disclosure of disciplinary information, the need to regulate utilization review agents, legislation passing the 1996 General Assembly, reports of the director and deputy director, and to discuss other business as may be scheduled. Brief public comment will be received at the beginning of the meeting.

Contact: Robert A. Nebiker, Executive Director, Board of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9966, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

Compliance and Discipline Committee

† April 16, 1996 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia. ♿
(Interpreter for the deaf provided upon request)

A meeting to review the work dealing with an overview of the law and practice governing the availability and use of disciplinary information and to receive a report from the Enforcement Division. Brief public comment will be received at the beginning of the meeting.

Contact: Robert A. Nebiker, Executive Director, Board of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9966, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

Practitioner Self-Referral Committee

† April 16, 1996 - 2:30 p.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. ♿
(Interpreter for the deaf provided upon request)

A meeting to consider any cases or requests for opinions or exceptions which may be made, if any. The meeting will begin immediately upon adjournment of the full board meeting, which begins at 1:30 p.m. Brief public comment will be received at the beginning of the meeting.

Calendar of Events

Contact: Robert A. Nebiker, Executive Director, Board of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9966, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

Regulatory Research Committee

† April 16, 1996 - 10 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia. ☎
(Interpreter for the deaf provided upon request)

A meeting to receive draft reports dealing with alternative medicine and the need to regulate pharmacy technicians and to consider other business that may come before the committee. Brief public comment will be received at the beginning of the meeting.

Contact: Robert A. Nebiker, Executive Director, Board of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9966, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

Task Force on Utilization Review Agents

† April 16, 1996 - 11:15 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. ☎
(Interpreter for the deaf provided upon request)

A meeting to review a workplan to consider the need to regulate utilization review agents. Brief public comment will be received at the beginning of the meeting.

Contact: Robert A. Nebiker, Executive Director, Board of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9966, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

† April 23, 1996 - 9:30 a.m. -- Open Meeting
Department of Social Services, 730 East Broad Street, Richmond, Virginia. ☎

A monthly meeting.

Contact: Richard L. Walker, Director of Administration, Virginia Health Services Cost Review Council, 805 E. Broad St., 6th Floor, Richmond, VA 23219, telephone (804) 786-6371, FAX (804) 371-0284 or (804) 786-6371/TDD ☎

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

† April 9, 1996 - 9 a.m. -- Open Meeting
Washington and Lee University, Lexington, Virginia. ☎
(Interpreter for the deaf provided upon request)

A joint meeting with the Council of Independent Colleges and a regular business meeting for the council. For additional information contact the council.

Contact: Michael McDowell, Public Relations Coordinator, State Council of Higher Education for Virginia, 101 N. 14th St., 9th Floor, Richmond, VA 23219, telephone (804) 225-2637.

HOPEWELL INDUSTRIAL SAFETY COUNCIL

April 2, 1996 - 9 a.m. -- Open Meeting
May 7, 1996 - 9 a.m. -- Open Meeting
Hopewell Community Center, Second and City Point Road, Hopewell, Virginia. ☎ (Interpreter for the deaf provided upon request)

Local Emergency Preparedness Committee Meeting on emergency preparedness as required by SARA Title III.

Contact: Robert Brown, Emergency Services Coordinator, 300 N. Main St., Hopewell, VA 23860, telephone (804) 541-2298.

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

† April 22, 1996 - 10 a.m. -- Open Meeting
Department of Housing and Community Development, The Jackson Center, 501 North Second Street, Richmond, Virginia.

A regular monthly business meeting of the board will immediately follow a 10 a.m. public hearing. Public comment will be received.

Contact: Stephen W. Calhoun, CPA, Manager, Department of Housing and Community Development, The Jackson Center, 501 N. Second St., Richmond, VA 23219, telephone (804) 371-7015, FAX (804) 371-7097, or (804) 371-7089/TDD ☎

NOTE: CHANGE IN PUBLIC HEARING DATE

April 22, 1996 - 10 a.m. -- Public Hearing
Department of Housing and Community Development, The Jackson Center, 501 North Second Street, Richmond, Virginia.

May 3, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Housing and Community Development intends to **repeal** regulations entitled: **13 VAC 5-110-10 et seq. Virginia Enterprise Zone Program Regulations** and **adopt** regulations entitled: **13 VAC 5-111-10 et seq. Virginia Enterprise Zone Program Regulations**. The purpose of the proposed regulation is to implement and administer new incentives and provisions of the Virginia Enterprise Zone Program provided in 1995 legislation. Amendments will also implement greater flexibility for businesses in qualifying for the use of these incentives. Amendments

reflect an increase in number of zones statewide and greater flexibility for localities to have multiple zones.

Statutory Authority: § 59.1-278 of the Code of Virginia.

Contact: M. Shea Hollifield, Associate Director, Department of Housing and Community Development, The Jackson Center, 501 N. Second St., Richmond, VA 23219, telephone (804) 371-7030.

April 22, 1996 - 10 a.m. -- Public Hearing
Department of Housing and Community Development, The Jackson Center, 501 North Second Street, Richmond, Virginia.

May 20, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Housing and Community Development intends to amend regulations entitled: **13 VAC 5-70-10 et seq. Virginia Uniform Statewide Building Code, Volume II, Building Maintenance Code/1993.** The purpose of the proposed amendments is to establish standards for automatic sprinkler systems in patient rooms and other areas customarily used for patient care in hospitals, regardless of when such facilities were constructed.

Statutory Authority: § 36-99.9:1 of the Code of Virginia.

Contact: Norman R. Crumpton, Associate Director, Department of Housing and Community Development, The Jackson Center, 501 N. Second St., Richmond, VA 23219-1321, telephone (804) 371-7170.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

State Building Code Technical Review Board

† **April 19, 1996 - 10 a.m. -- Open Meeting**
The Jackson Center, 501 North Second Street, 1st Floor Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The board hears administrative appeals concerning building and fire codes and other regulations of the department. The board also issues interpretations and formalizes recommendations to the Board of Housing and Community Development concerning future changes to the regulations.

Contact: Vernon W. Hodge, Building Code Supervisor, State Building Office, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 371-7170 or (804) 371-7089/TDD

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

† **April 16, 1996 - 11 a.m. -- Open Meeting**
Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, Virginia.

A regular meeting of the Board of Commissioners. The Board of Commissions will (i) review and, if appropriate, approve the minutes from the prior monthly meeting; (ii) consider for approval and ratification mortgage loan commitments under its various programs; (iii) review the authority's operations for the prior month; and (iv) consider such other matters and take such other actions as it may deem appropriate. Various committees of the Board of Commissioners may also meet before or after the regular meeting and consider matters within their purview. The planned agenda of the meeting will be available at the offices of the authority one week prior to the date of the meeting.

Contact: J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere St., Richmond, VA 23220, telephone (804) 782-1986.

STATEWIDE INDEPENDENT LIVING COUNCIL

† **April 10, 1996 - 9 a.m. -- Open Meeting**
Hotel Roanoke, 110 Shenandoah Avenue, Roanoke, Virginia.

A regular business meeting of the council.

Contact: Jim Rothrock, SILC Staff, 1802 Marriot Rd., Richmond, VA 23229, telephone (804) 673-0119, toll-free 1-800-552-5019/TDD and Voice, or 1-800-662-9040/TDD

ADVISORY COMMISSION ON INTERGOVERNMENTAL RELATIONS

† **April 16, 1996 - 1 p.m. -- Open Meeting**
General Assembly Building, 910 Capitol Square, 6th Floor, Speaker's Conference Room, Richmond, Virginia.

A regular meeting to discuss such matters as may be presented.

Contact: Adele MacLean, Secretary, Advisory Commission on Intergovernmental Relations, 8th Street Office Building, Room 702, Richmond, VA 23219-1924, telephone (804) 786-6508, FAX (804) 371-7999 or (804) 786-1860/TDD

LITTER CONTROL AND RECYCLING FUND ADVISORY BOARD

† **April 4, 1996 - 10 a.m. -- Open Meeting**
Administration Building, Strawberry Hill, 600 East Laburnum Avenue, Richmond, Virginia.

A meeting to (i) conduct a work session to review and make recommendations on applications for grants from the fund, and (ii) approve noncompetitive grant application package for fiscal year 1997. For details call Paddy Katzen, or e-mail pmkatzen@deq.state.va.us.

Calendar of Events

Contact: Paddy Katzen, Special Assistant to the Secretary of Natural Resources, Department of Environmental Quality, 629 E. Main St., Richmond, VA 23219, telephone (804) 698-4488.

STATE COUNCIL ON LOCAL DEBT

April 17, 1996 - 11 a.m. -- Open Meeting

May 15, 1996 - 11 a.m. -- Open Meeting

James Monroe Building, 101 North 14th Street, Treasury Board Conference Room, Richmond, Virginia. ☎

A regular meeting subject to cancellation unless there are action items requiring the council's consideration. Persons interested in attending should call one week prior to the meeting to ascertain whether or not the meeting is to be held as scheduled.

Contact: Gary Ometer, Debt Manager, Department of the Treasury, P.O. Box 1879, Richmond, VA 23215, telephone (804) 225-4928.

LONGWOOD COLLEGE

Academic Affairs Committee

† **April 4, 1996 - 1 p.m.** -- Open Meeting

Longwood College, Lankford Building, Farmville, Virginia. ☎

A meeting to conduct routine business.

Contact: William F. Dorrill, President, Longwood College, 201 High St., Farmville, VA 23909, telephone (804) 395-2004.

STATE MANAGEMENT TEAM

† **April 4, 1996 - 10 a.m.** -- Open Meeting

Burnley-Moran Elementary School, 1300 Long Street, Charlottesville, Virginia. ☎ (Interpreter for the deaf provided upon request)

A meeting to review and discuss policy and procedures related to the Comprehensive Services Act and Comprehensive Services for At Risk Youth and Their Families. Public comment will start at 10:15 a.m. Please call Pamela Fitzgerald Cooper if you wish to be added to the agenda, or call the school directly at (804) 296-9196 for directions.

Contact: Pamela Fitzgerald Cooper or Gloria Jarrell, State Management Team, 109 Governor St., Richmond, VA 23219, telephone (804) 371-2177 or FAX (804) 371-0091.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

May 4, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: **12 VAC 30-50-100, Inpatient Hospital Services; 12 VAC 30-50-140, Physician's Services; and 12 VAC 30-70-50, Hospital Reimbursement System.** The purpose of this proposal is to make permanent policies to reduce the lengths of inpatient and obstetric stays when medically appropriate in compliance with amendments to the budget. By reducing the average Medicaid length of stay in inpatient hospitals to levels similar to that of patients of private insurance, DMAS estimated that the Commonwealth could generate significant cost savings in Medicaid expenditures. These changes enhance the economical performance of Virginia's Medicaid Program by preventing reimbursement for services that are not medically necessary. DMAS completed an analysis of inpatient hospital claims which showed that the length of stay for inpatient services among Medicaid patients in Virginia, by admission diagnosis and procedure performed, is higher than the lengths of stay among patients covered by private insurance. Based on this analysis, the Governor included in his 1995 amendments to the 1994-96 Appropriations Act two amendments reducing the Medicaid budget by decreasing the average length of stay for inpatient hospital services from six days to five days and by decreasing the length of stay for obstetric services to one day.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Public comments may be submitted until May 4, 1996, to Margot Fritts, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

Contact: Victoria Simmons or Roberta Jonas, Regulatory Coordinators, Department of Medical Assistance Services, 600 East Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

May 17, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to adopt regulations entitled: **12 VAC 30-120-450 through 12 VAC 30-120-480. Part VII: Assisted Living Services for Individuals Receiving Auxiliary Grants Residing in Adult Care Residences.** The proposed regulation will allow the Department of Medical Assistance Services

(DMAS) to establish coverage criteria for two types of assisted living to recipients of auxiliary grants residing in licensed adult care residences: (i) regular assisted living for those individuals who do not meet the criteria for waiver services but who require at least a moderate level of assistance with activities of daily living, and (ii) intensive assisted living for those individuals who meet the criteria for waiver services. This regulation was originally begun in 1994. It was delayed because the Department of Social Services (DSS) had to promulgate regulations prior to DMAS developing its program. These DMAS regulations have been revised to conform to the DSS regulations now in place.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Public comments may be submitted until May 17, 1996, to Cindi Bowling, LTC Policy Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

Contact: Victoria P. Simmons or Roberta J. Jonas, Regulatory Coordinators, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

BOARD OF MEDICINE

Informal Conference Committee

April 3, 1996 - 10 a.m. -- Open Meeting
The Hotel Roanoke Conference Center of Roanoke, 106 Shenandoah Avenue, Roanoke, Virginia.

April 3, 1996 - 10 a.m. -- Open Meeting
Roanoke Airport Marriott, 2801 Hershberger Road, N.W., Roanoke, Virginia.

April 18, 1996 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 4th Floor, Richmond, Virginia.

† April 19, 1996 - 9:30 a.m. -- Open Meeting
Marriott Hotel, 50 Kingsmill Road, Williamsburg, Virginia.

April 23, 1996 - 9:30 a.m. -- Open Meeting
The Sheraton Inn, 2801 Plank Road, Fredericksburg, Virginia.

† May 16, 1996 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia.

The Informal Conference Committee, composed of three members of the board, will inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and closed sessions pursuant to § 2.1-344 A 7 and A 15 of the Code of Virginia. Public comment will not be received.

Contact: Karen W. Perrine, Deputy Executive Director, Department of Health Professions, 6606 W. Broad St., 4th

Floor, Richmond, VA 23230-1717, telephone (804) 662-7693, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

Credentials Committee

† April 27, 1996 - 8 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Board Rooms 3 and 4, Richmond, Virginia. ☎

The committee will meet in open and closed session to conduct general business, interview and review medical credentials of applicants applying for licensure in Virginia, and to discuss any other items which may come before the committee. The committee will receive public comments of those persons appearing on behalf of candidates.

Contact: Warren W. Koontz, M.D., Executive Director, Department of Health Professions, 6606 W. Broad St., Richmond, VA 23230-1717, telephone (804) 662-9908, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

Executive Committee

† April 26, 1996 - 8 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Board Rooms 2 and 3, Richmond, Virginia. ☎

The committee will meet in open and closed session to: (i) review disciplinary files requiring administrative action; (ii) adopt amendments for approval of promulgation of regulations as presented; and (iii) act on other issues that come before the board. The chairman will entertain public comments on agenda items for 10 minutes following adoption of the agenda.

Contact: Warren W. Koontz, M.D., Executive Director, Department of Health Professions, 6606 W. Broad St., Richmond, VA 23230-1717, telephone (804) 662-9960, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD

† April 15, 1996 - 4 p.m. -- Open Meeting
Department of Mental Health, Mental Retardation and Substance Abuse Services, 109 Governor Street, Conference Room, 13th Floor, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

A meeting to discuss Public Participation Guidelines for Developing and Promulgating Regulations; Rules and Regulations to Assure the Rights of Clients in Community Programs; Rules and Regulations to Assure the Rights of Residents of Hospitals and Other Facilities Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services; and Rules and Regulations to Assure the Rights of Patients of Psychiatric Hospitals and Other Psychiatric Facilities Licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

Calendar of Events

Contact: Marion Greenfield, Policy Analyst, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23236, telephone (804) 786-6431 or FAX (804) 371-0091.

† **April 16, 1996 - 8:30 a.m.** -- Open Meeting

Department of Mental Health, Mental Retardation and Substance Abuse Services, 109 Governor Street, Conference Room, 13th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to discuss Rules and Regulations for the Licensure of Facilities and Programs Serving Mentally Ill, Mentally Retarded, and Substance Abusing Persons; Regulations for the Certification of Case Management Services; Regulations Establishing Procedures for Voluntarily Admitting Persons who are Mentally Retarded to State Mental Retardation Facilities; and Regulations for Respite and Emergency Care Admissions to Mental Retardation Facilities.

Contact: Marion Greenfield, Policy Analyst, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23236, telephone (804) 786-6431 or FAX (804) 371-0091.

April 17, 1996 - 9 a.m. -- Open Meeting

James Madison Building, 109 Governor Street, 13th Floor, Board Room, Richmond, Virginia.

A regular meeting of the board. The agenda will be published one week in advance of the meeting.

Contact: Jane V. Helfrich, Board Administrator, Department of Mental Health, Mental Retardation and Substance Abuse Services, James Madison Bldg., 109 Governor St., Richmond, VA 23219, telephone (804) 786-7945 or FAX (804) 371-2308.

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS ADVISORY COUNCIL

April 18, 1996 - 9 a.m. -- Open Meeting

Department of Rehabilitative Services, 8004 Franklin Farms Drive, Koger Center, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regularly scheduled bimonthly meeting with public comment at 11 a.m.

Contact: Jim Hobgood, Program Coordinator, Department for Rights of Virginians with Disabilities, Ninth Street Office Building, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 225-2042 (Voice and TDD), FAX (804) 225-3221 or toll-free 1-800-552-3962.

STATE MILK COMMISSION

Ad Hoc Committee

April 3, 1996 - 10 a.m. -- Open Meeting

900 Natural Resources Drive, 2nd Floor Board Room, Charlottesville, Virginia.

A meeting to review amending the regulations pursuant to Executive Order 15(94). Any person who requires accommodations in order to participate in the meeting should contact Edward C. Wilson at least five days prior to the meeting so suitable arrangements can be made.

Contact: Edward C. Wilson, Jr., Deputy Administrator, State Milk Commission, 200 N. 9th St., Suite 1015, Richmond, VA 23219-3414, telephone (804) 786-2013 Voice or TDD

GOVERNOR'S MINED LAND RECLAMATION ADVISORY BOARD

April 18, 1996 - 10 a.m. -- Open Meeting

Department of Mines, Minerals and Energy, Buchanan-Smith Building, Route 23, Big Stone Gap, Virginia. (Interpreter for the deaf provided upon request)

A meeting to review and discuss recent interstate mining compact commission issues associated with the coal industry.

Contact: Danny Brown, Division Director, Department of Mines, Minerals and Energy, Division of Mined Land Reclamation, P.O. Drawer 900, Big Stone Gap, VA 24219, telephone (540) 523-8152, FAX (540) 523-8163 or toll-free 1-800-828-1120 (VA Relay Center).

DEPARTMENT OF MINES, MINERALS AND ENERGY

Board of Mineral Mining Examiners

† **April 23, 1996 - 10 a.m.** -- Open Meeting

Department of Mines, Minerals and Energy, Division of Mineral Mining, Fontaine Research Park, 900 Natural Resources Drive, Charlottesville, Virginia. (Interpreter for the deaf provided upon request)

A meeting to discuss pertinent changes in the mine safety law, review new certification course outlines, and discuss exam development and revisions.

Contact: Randy DeVaul, Technical Instruction Supervisor, P.O. Box 3727, Charlottesville, VA 22903, telephone (804) 961-5008, FAX (804) 979-8544, or toll-free 1-800-828-1120 (VA Relay Center)

Virginia Reclamation Fund Advisory Board

May 15, 1996 - 10 a.m. -- Open Meeting

Department of Mines, Minerals and Energy, Buchanan-Smith Building, Route 23, Big Stone Gap, Virginia. (Interpreter for the deaf provided upon request)

A meeting to review and discuss the current status and administration of the reclamation fund.

Contact: Danny R. Brown, Division Director, Division of Mined Land Reclamation, P.O. Drawer 900, Big Stone Gap, VA 24219, telephone (540) 523-8152, FAX (540) 523-8163 or toll-free 1-800-828-1120 (VA Relay Center).

VIRGINIA MUSEUM OF FINE ARTS

Exhibitions Committee

† April 16, 1996 - Noon -- Open Meeting
Virginia Museum of Fine Arts, 2800 Grove Avenue,
Auditorium, Richmond, Virginia. ☎

The Exhibitions Committee of the Board of Trustees will meet for a review of proposed exhibitions and update on scheduled exhibitions. Public comment will not be received.

Contact: Emily C. Robertson, Secretary of the Museum, Virginia Museum of Fine Arts, 2800 Grove Ave., Richmond, VA 23221, telephone (804) 367-0553.

VIRGINIA MUSEUM OF NATURAL HISTORY

Board of Trustees

† April 27, 1996 - 9 a.m. -- Open Meeting
Blacksburg Marriott, 900 Prices Fork Road, Blacksburg,
Virginia. ☎

A meeting to include reports from the development, executive, finance, legislative, marketing, outreach, personnel, planning and facilities, and research and collections committees. Public comment will be received following approval of the minutes of the January meeting.

Contact: Rhonda J. Knighton, Executive Secretary, Virginia Museum of Natural History, 1001 Douglas Ave., Martinsville, VA 24112, telephone (540) 666-8616 or (540) 666-8638/TDD ☎

Development Committee

† April 27, 1996 - 8 a.m. -- Open Meeting
Blacksburg Marriott, 900 Prices Fork Road, Blacksburg,
Virginia. ☎

A meeting to discuss development issues.

Contact: Rhonda J. Knighton, Executive Secretary, Virginia Museum of Natural History, 1001 Douglas Ave., Martinsville, VA 24112, telephone (540) 666-8616 or (540) 666-8638/TDD ☎

Marketing Committee

† April 27, 1996 - Noon -- Open Meeting
Blacksburg Marriott, 900 Prices Fork Road, Blacksburg,
Virginia. ☎

A meeting to discuss marketing issues.

Contact: Rhonda J. Knighton, Executive Secretary, Virginia Museum of Natural History, 1001 Douglas Ave., Martinsville, VA 24112, telephone (540) 666-8616 or (540) 666-8638/TDD ☎

Research and Collections Committee

† April 27, 1996 - 7 a.m. -- Open Meeting
Blacksburg Marriott, 900 Prices Fork Road, Blacksburg,
Virginia. ☎

A meeting to discuss appointment/reappointment of research associates.

Contact: Rhonda J. Knighton, Executive Secretary, Virginia Museum of Natural History, 1001 Douglas Ave., Martinsville, VA 24112, telephone (540) 666-8616 or (540) 666-8638/TDD ☎

BOARD OF NURSING

May 17, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Nursing intends to adopt regulations entitled: **18 VAC 90-20-10 et seq. Regulations Governing the Practice of Nursing.** The purpose of the proposed amendment is to replace an emergency regulation, which established a biennial renewal fee of \$20 for certified nurse aides.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909.

Special Conference Committee

† April 3, 1996 - 9 a.m. -- Open Meeting
† April 8, 1996 - 9 a.m. -- Open Meeting
† April 9, 1996 - 9 a.m. -- Open Meeting
† April 10, 1996 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street,
5th Floor, Richmond, Virginia. ☎ (Interpreter for the deaf
provided upon request)

A Special Conference Committee comprised of two members of the Board of Nursing will conduct informal conferences with licensees and certificate holders to determine what, if any, action should be recommended to the Board of Nursing. Public comment will not be received.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

BOARD OF NURSING HOME ADMINISTRATORS

† May 29, 1996 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street,
5th Floor, Richmond, Virginia. ☎

Calendar of Events

A general board meeting to discuss board business. Public comments will be received at the beginning of the meeting for 15 minutes.

Contact: Lisa Russell Hahn, Executive Director, Board of Nursing Home Administrators, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9111, FAX (804) 662-9943, or (804) 662-7197/TDD ☎

BOARD OF PHARMACY

† **April 2, 1996 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.

A meeting to conduct formal hearings before a panel of the board. Public comments will not be received.

Contact: Scotti W. Milley, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9911.

May 17, 1996 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Pharmacy intends to amend regulations entitled: **18 VAC 110-20-10 et seq. Regulations of the Board of Pharmacy.** The purpose of the proposed amendments is to permit more flexibility in the use of technology for the transmittal and delivery of prescription drugs, to relax its requirements for continuing education, and to conform with state and federal law. The board also proposes requirements for the compounding of sterile products consistent with recognized industry standards.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Contact: Scotti W. Milley, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9911.

DEPARTMENT OF STATE POLICE

April 5, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of State Police intends to amend regulations entitled: **VR 545-01-07 [19 VAC 30-70-10 et seq.] Motor Vehicle Safety Inspection Rules and Regulations.** The purpose of the proposed amendments is to revise the Motor Vehicle Safety Inspection Rules and Regulations to be consistent with recent changes in state laws, federal regulations, and nationally accepted standards and automotive practices. Minor technical and administrative changes are included.

Statutory Authority: § 46.2-1165 of the Code of Virginia.

Contact: Captain W. S. Flaherty, Safety Officer, Department of State Police, Safety Division, P.O. Box 85607, Richmond, VA 23285-5607, telephone (804) 378-3479.

BOARD OF PSYCHOLOGY

April 16, 1996 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia. ♿
(Interpreter for the deaf provided upon request)

A regular board meeting. Public comments will be received beginning at 9:15 a.m.

Contact: M. La Donna Duncan, Administrative Assistant, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9913, FAX (804) 662-9943, or (804) 662-7197/TDD ☎

VIRGINIA PUBLIC TELECOMMUNICATIONS BOARD

† **April 18, 1996 - 10 a.m.** -- Open Meeting
Department of Information Technology, Richmond Plaza Building, 110 South 7th Street, 1st Floor East, Richmond, Virginia.

A quarterly meeting. The agenda will include a legislative update, contract and grant allocations for FY 96-97, the Planning Committee report, and updates on other items of interest.

Contact: Judy Garnett, Executive Secretary Senior, Department of Information Technology, 110 S. 7th St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-5601.

REAL ESTATE BOARD

May 3, 1996 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A general business meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting. The department fully complies with the Americans with Disabilities Act.

Contact: Karen W. O'Neal, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-2475, or (804) 367-9753/TDD ☎

Continuing Education Committee

† **May 3, 1996 - 8 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A general business meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact

the board at least 2 weeks prior to the meeting. The department fully complies with the Americans with Disabilities Act.

Contact: William H. Ferguson, II, Education Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-2475, or (804) 367-9753/TDD ☎

VIRGINIA RECYCLING MARKETS DEVELOPMENT COUNCIL

† April 18, 1996 - 11 a.m. -- Open Meeting

State Capitol, Capitol Square, House Room 1, Richmond, Virginia.

A meeting to continue work on developing and monitoring a plan to strengthen Virginia's recycling infrastructure and markets; setting forth strategies primarily designed to improve the supply, quantity, and quality of recyclables; and providing strategies for increasing the demand for recycled products and expanding the capacity of collectors, processors, and manufacturers to handle and use specified recyclable materials. The annual report will be considered for approval. The meeting will be dependent on a quorum of 10. Subcommittee meetings will be held prior to or after the general council meeting. Call Paddy Katzen for details at (804) 698-4488 or e-mail, pmkatzen@deq.state.va.us.

Contact: Paddy Katzen, Assistant to the Secretary of Natural Resources, Department of Environmental Quality, 629 E. Main St., Richmond, VA 23219, telephone (804) 698-4488 or FAX (804) 698-4453.

VIRGINIA RESOURCES AUTHORITY

April 9, 1996 - 9:30 a.m. -- Open Meeting

† May 14, 1996 - 9:30 a.m. -- Open Meeting

The Mutual Building, 909 East Main Street, Suite 607, Board Room, Richmond, Virginia.

The board will meet to approve minutes of the meeting of the prior month; to review the authority's operations for the prior months; and to consider other matters and take other actions as it may deem appropriate. The planned agenda of the meeting will be available at the offices of the authority one week prior to the date of the meeting. Public comments will be received at the beginning of the meeting.

Contact: Shockley D. Gardner, Jr., Virginia Resources Authority, 909 E. Main St., Suite 607, Mutual Building, Richmond, VA 23219, telephone (804) 644-3100 or FAX (804) 644-3109.

SEWAGE HANDLING AND DISPOSAL APPEALS REVIEW BOARD

† April 24, 1996 - 10 a.m. -- Open Meeting

Ramada Inn, Allegheny Room, 1130 Motel Drive, Woodstock, Virginia. ♿

The board will hear all administrative appeals of denials of onsite sewage disposal systems permits pursuant to §§ 32.1-166.1 et seq. and 9-6.14:12 of the Code of Virginia and 12 VAC 5-610-10 et seq.

Contact: Beth B. Dubis, Secretary to the Board, Sewage Handling and Disposal Appeals Review Board, 1500 E. Main St., P.O. Box 2448, Richmond, VA 23218, telephone (804) 371-4236.

BOARD OF SOCIAL WORK

† April 19, 1996 - 9 a.m. -- Open Meeting

Department of Health Professions, 6606 West Broad Street, 5th Floor, Room 1, Richmond, Virginia. ♿

A regular meeting. Fee amendment to the regulation for the Board of Social Work will be discussed. Public comment will be received at 9:15 a.m.

Contact: Evelyn Brown, Executive Director, Board of Social Work, 6606 W. Broad St., Richmond, VA 23230-1717, telephone (804) 662-9914, FAX (804) 662-9943, or (804) 662-7197/TDD ☎

TELECOMMUNICATIONS RELAY SERVICE ADVISORY BOARD

† April 17, 1996 - 10 a.m. -- Open Meeting

Department for the Deaf and Hard-of-Hearing, 1100 Bank Street, 11th Floor, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A regular business meeting open to the public. Public comment will be permitted with advance notice.

Contact: Gloria L. Cathcart, Human Services Program Specialist, Department for the Deaf and Hard-of-Hearing, 1100 Bank St., 11th Floor, Richmond, VA 23219, telephone (804) 371-7892 (V/TTY), toll-free 1-800-552-7917 (V/TTY) or FAX (804) 225-2570.

COMMONWEALTH TRANSPORTATION BOARD

† April 17, 1996 - 2 p.m. -- Open Meeting

Department of Transportation, 1401 East Broad Street, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A work session of the board and the Department of Transportation staff.

Calendar of Events

Contact: Robert E. Martinez, Secretary of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-8032.

† **April 18, 1996 - 10 a.m.** -- Open Meeting
Department of Transportation, 1401 East Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A monthly meeting of the board to vote on proposals presented regarding bids, permits, additions and deletions to the highway system, and any other matters requiring board approval. Public comment will be received at the outset of the meeting on items on the meeting agenda for which the opportunity for public comment has not been afforded the public in another forum. Remarks will be limited to five minutes. Large groups are asked to select one individual to speak for the group. The board reserves the right to amend these conditions. Separate committee meetings may be held on call of the chairman. Contact Department of Transportation Public Affairs at (804) 786-2715 for schedule.

Contact: Robert E. Martinez, Secretary of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-8032.

TREASURY BOARD

April 17, 1996 - 9 a.m. -- Open Meeting
May 15, 1996 - 9 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, Treasury Board Room, 3rd Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular meeting.

Contact: Gloria Hatchel, Administrative Assistant, Department of the Treasury, James Monroe Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 371-6011.

BOARD FOR THE VISUALLY HANDICAPPED

April 20, 1996 - 10 a.m. -- Open Meeting
Department for the Visually Handicapped, Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The board is responsible for advising the Governor, the Secretary of Health and Human Resources, the Commissioner, and the General Assembly on the delivery of public services to the blind and the protection of their rights. The board also reviews and comments on policies, budgets and requests for appropriations for the department. At this regular quarterly meeting, the board members will receive information regarding department activities and operations, review expenditures from the board's institutional fund, and discuss other issues raised by board members.

Contact: Katherine C. Proffitt, Administrative Assistant, Department for the Visually Handicapped, 397 Azalea Ave.,

Richmond, VA 23227, telephone (804) 371-3140/TDD or toll-free 1-800-622-2155.

DEPARTMENT FOR THE VISUALLY HANDICAPPED

Advisory Committee on Services

April 20, 1996 - 10 a.m. -- Open Meeting
Department for the Visually Handicapped, Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The committee meets quarterly to advise the Board for the Visually Handicapped on matters related to services for blind and visually handicapped citizens of the Commonwealth. A portion of the meeting will be conducted jointly with the Board for the Visually Handicapped.

Contact: Barbara G. Tyson, Executive Secretary Senior, Department for the Visually Handicapped, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3140 or toll-free 1-800-622-2155.

STATE WATER CONTROL BOARD

April 22, 1996 -- Public comments may be submitted until 4 p.m. on this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled: **9 VAC 25-260-10 et seq. Water Quality Standards**. The purpose of the proposed amendments is to amend the Water Quality Standards as part of the state's triennial review of the regulation and to meet federal requirements.

Question and Answer Period: A question and answer period will be held one-half hour prior to the beginning of each public hearing at the same location. Department of Environmental Quality staff will be present to answer questions regarding the proposed action.

Accessibility to Persons with Disabilities: The meetings will be held at public facilities believed to be accessible to persons with disabilities. Any person with questions on the accessibility of the facilities should contact Mrs. Eleanore Daub, Department of Environmental Quality, P.O. Box 10009, Richmond, VA, 23240, or by telephone at (804) 698-4111 or TDD (804) 698-4261. Persons needing interpreter services for the deaf must notify Mrs. Daub no later than 4 p.m. on Thursday, March 7, 1996.

Other Pertinent Information: The department has conducted analyses on the proposed action related to basis, purpose, substance, issues and estimated impacts. These are available upon request from Ms. Eleanore Daub at the address below.

Statutory Authority: § 62.1-44.15(3a) of the Code of Virginia.

Calendar of Events

Contact: Eleanore Daub, Office of Environmental Research and Standards, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4111.

April 22, 1996 -- Public comments may be submitted until 4 p.m. on this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to adopt regulations entitled: **9 VAC 25-415-10 et seq. Policy for the Potomac River Embayments.** The purpose of the proposed regulation is to establish effluent limits for sewage treatment plants discharging into the Potomac River in Virginia from the Chain Bridge in Arlington County to Route 301 Bridge in King George County.

Question and Answer Period: A question and answer period will be held one-half hour prior to the beginning of the public hearing at the same location. Department of Environmental Quality staff will be present to answer questions regarding the proposed action.

Accessibility to Persons with Disabilities: The meetings will be held at public facilities believed to be accessible to persons with disabilities. Any person with questions on the accessibility of the facilities should contact Mr. Tom Faha, Department of Environmental Quality, 1519 Davis Ford Road, Suite 14, Woodbridge, VA, 22192, or by telephone at (703) 490-8922 or TDD (804) 698-4261. Persons needing interpreter services for the deaf must notify Mr. Faha no later than 4 p.m. on Thursday, March 7, 1996.

Statutory Authority: § 62.1-44.15(10) of the Code of Virginia.

Contact: Tom Faha, Department of Environmental Quality, Northern Regional Office, 1519 Davis Ford Road, Suite 14, Woodbridge, VA 22192, telephone (703) 490-8922.

April 11, 1996 - 2 p.m. -- Public Hearing
Roanoke County Administration Center, 5204 Bernard Drive, Board of Supervisor's Room, Roanoke, Virginia.

NOTE: CHANGE IN PUBLIC HEARING DATE AND TIME

April 12, 1996 - 2 p.m. -- Public Hearing
Harrisonburg City Council Chambers, 345 South Main Street, Harrisonburg, Virginia.

April 15, 1996 - 2 p.m. -- Public Hearing
Department of Environmental Quality, 629 East Main Street, First Floor, Training Room, Richmond, Virginia.

May 6, 1996 -- Public comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled: **9 VAC 25-110-10 et seq. Virginia Pollutant Discharge Elimination System (VPDES) General Permit for Sewage Discharges of Less Than or Equal to 1,000 Gallons**

Per Day. The purpose of the proposal is to readopt, with amendments, the general VPDES permit for discharges of treated wastewater from individual home treatment works and other small volume sources of domestic sewage.

Question and Answer Period: A question and answer period will be held one-half hour prior to the public hearing at the same location. Interested citizens will have an opportunity to ask questions pertaining to the proposal at that time.

Accessibility to Persons with Disabilities: The public hearing will be held at facilities believed to be accessible to persons with disabilities. Any person with questions should contact Mr. Richard W. Ayers at the address below. Persons needing interpreter services for the deaf should notify Mr. Ayers no later than April 5, 1996.

Request for Comments: The board is seeking written comments from interested persons on both the proposed regulatory action and the draft permit. Also, comments regarding the benefits of the stated alternative or any other alternatives are welcome.

Other Information: The department has conducted analyses on the proposed regulation related to the basis, purpose, substance, issues and estimated impacts. These are available upon request from Mr. Ayers at the address below.

Statutory Authority: § 62.1-44.15(10) of the Code of Virginia.

Contact: Richard Ayers, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4075.

BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

April 4, 1996 - 10 a.m. - Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia ☎
(Interpreter for the deaf provided upon request)

A meeting to discuss regulatory review and other matters requiring board action. A public comment period will be held at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so that suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

Contact: Nancy Taylor Feldman, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-2474 or (804) 367-9753/TDD ☎

Calendar of Events

THE COLLEGE OF WILLIAM AND MARY

Board of Visitors

† April 11, 1996 - 1:30 p.m. -- Open Meeting

† April 12, 1996 - 9 a.m. -- Open Meeting

The College of William and Mary, Blow Memorial Hall, Richmond Road, Williamsburg, Virginia. (Interpreter for the deaf provided upon request)

A regularly scheduled meeting of the board to approve the budgets and fees of the College of William and Mary and Richard Bland College, to receive reports from several committees of the board, and to act on those resolutions that are presented by the administrations of William and Mary and Richard Bland College. An informational release will be available four days prior the board meeting for those individuals and organizations who request it.

Contact: Peggy J. Shaw, Information Manager, Office of University Relations, The College of William and Mary, 312 Jamestown Rd., P.O. Box 8795, Williamsburg, VA 23187-8795, telephone (804) 221-2626.

BOARD OF YOUTH AND FAMILY SERVICES

NOTE: CHANGE IN MEETING DATE AND LOCATION

April 18, 1996 - 9 a.m. -- Open Meeting

Natural Bridge, Virginia. (Interpreter for the deaf provided upon request)

Beginning at 9 a.m., committees will meet to review secure and nonsecure services; at 10 a.m. the full board will meet to act on certifications, policy matters, and other business that may come before the board.

Contact: Donald R. Carignan, Policy Analyst, Department of Youth and Family Services, 700 Centre, 700 E. Main St., P.O. Box 1110, Richmond, VA 23208-1110, telephone (804) 371-0743 or FAX (804) 371-0773.

LEGISLATIVE

JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

† April 8, 1996 - 9:30 a.m. -- Open Meeting

General Assembly Building, 910 Capitol Square, Senate Room A, Richmond, Virginia.

A staff briefing on the 1996 work plan.

Contact: Philip A. Leone, Director, Joint Legislative Audit and Review Commission, General Assembly Bldg., 910 Capitol St., Suite 1100, Richmond, VA 23219, telephone (804) 786-1258.

VIRGINIA CODE COMMISSION

† April 25, 1996 - 10 a.m. -- Open Meeting

† May 16, 1996 - 10 a.m. -- Open Meeting

† June 27, 1996 - 10 a.m. -- Open Meeting

General Assembly Building, Speaker's Conference Room, 6th Floor, 910 Capitol Square, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regularly scheduled meeting to continue the recodification of Title 15.1.

Contact: E. M. Miller, Director, or Jane Chaffin, Assistant Registrar, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

CHRONOLOGICAL LIST

OPEN MEETINGS

April 1

Alcoholic Beverage Control Board

Barbers, Board for

† Conservation and Recreation, Department of
- North Landing Scenic River Advisory Board

April 2

Air Pollution Control Board, State

Health, Department of

Hopewell Industrial Safety Council

† Pharmacy, Board of

April 3

Agriculture and Consumer Services, Department of
- Winegrowers Advisory Board

Emergency Planning Committee, Local - Winchester

Medicine, Board of

Milk Commission, State

† Nursing, Board of

April 4

Conservation and Recreation, Department of

- Falls of the James Scenic River Advisory Board

† Litter Control and Recycling Fund Advisory Board

† Longwood College

- Academic Affairs Committee

† Management Team, State

Waterworks and Wastewater Works Operators, Board for

April 8

Cosmetology, Board for

† Forestry, Board of

† Legislative Audit and Review Commission, Joint

† Nursing, Board of

April 9

† Forestry, Board of

† Higher Education for Virginia, State Council of

† Nursing, Board of

Resources Authority, Virginia

April 10

- † Contractors, Board for
- † Independent Living Council, Statewide
- † Nursing, Board of
- Youth and Family Services, Board of

April 11

- Agriculture and Consumer Services, Department of
 - Pesticide Control Board
- † Child Day-Care Council
- † Gaming Commission, Charitable
- Health, Department of
 - Biosolids Use Regulations Advisory Committee
 - Biosolids Use Information Committee
- † William and Mary, The College of
 - Board of Visitors

April 12

- † William and Mary, The College of
 - Board of Visitors

April 15

- Alcoholic Beverage Control Board
- † Mental Health, Mental Retardation and Substance Abuse Services Board, State

April 16

- † Corrections, Board of
 - Correctional Services Committee
- † Health Professions, Board of
 - Compliance and Discipline Committee
 - Practitioner Self-Referral Committee
 - Regulatory Research Committee
 - Task Force on Utilization Review Agents
- † Housing Development Authority, Virginia
- † Intergovernmental Relations, Advisory Commission on
- † Mental Health, Mental Retardation and Substance Abuse Services Board, State
- † Museum of Fine Arts, Virginia
 - Exhibitions Committee
- Psychology, Board of

April 17

- † Auctioneers Board
- † Corrections, Board of
 - Administration Committee
- † Fire Services Board, Virginia
 - Executive Committee
- Local Debt, State Council on
- Mental Health, Mental Retardation and Substance Abuse Services Board, State
- † Telecommunications Relay Services Advisory Board
- † Transportation Board, Commonwealth
- Treasury Board

April 18

- † Chesapeake Bay Local Assistance Board
 - Northern Area Review Committee
- Fire Services Board, Virginia
 - Fire/EMS Education and Training Committee
 - Fire Prevention and Control Committee
 - Legislative/Liaison Committee
- Medicine, Board of
- Mental Illness Advisory Council, Protection and Advocacy for Individuals with

- Mined Land Reclamation Advisory Board, Governor's
- † Public Telecommunications Board, Virginia
- † Recycling Markets Development Council, Virginia
- † Transportation Board, Commonwealth
- † Youth and Family Services, Board of

April 19

- † Chesapeake Bay Local Assistance Board
 - Southern Area Review Committee
- † Dentistry, Board of
- Fire Services Board, Virginia
- † Housing and Community Development, Department of
 - State Building Code Technical Review Board
- † Medicine, Board of
- † Social Work, Board of

April 20

- Visually Handicapped, Board for the
- Visually Handicapped, Department for the
 - Advisory Committee on Services

April 22

- Accountancy, Board for
- † Housing and Community Development, Board of

April 23

- Accountancy, Board for
- Aviation Board, Virginia
- † Health Services Cost Review Council, Virginia
- Medicine, Board of
- † Mines, Minerals and Energy, Department of
 - Board of Mineral Mining Examiners

April 24

- Aviation Board, Virginia
- Emergency Planning Committee - Local, Gloucester
- † Sewage Handling and Disposal Appeals Review Board

April 25

- Compensation Board
- † Contractors, Board for
- Game and Inland Fisheries, Board of

April 26

- Child Fatality Review Team, Virginia State
- † Dentistry, Board of
- Environmental Quality, Department of
 - Technical Advisory Committee for Solid Waste Management Regulations
- † Medicine, Board of
 - Executive Committee

April 27

- † Medicine, Board of
 - Credentials Committee
- † Natural History, Virginia Museum of
 - Board of Trustees
 - Development Committee
 - Marketing Committee
 - Research and Collections Committee

April 29

- Alcoholic Beverage Control Board

Calendar of Events

April 30

† Funeral Directors and Embalmers, Board of

May 2

† Child Day-Care Council
Environmental Quality, Department of
- Work Group on Ammonia, Mercury, Lead and
Copper with respect to Water Quality Standards

May 3

Real Estate Board
- Continuing Education Committee

May 7

Hopewell Industrial Safety Council

May 10

Agriculture and Consumer Services, Department of
- Virginia Horse Industry Board

May 13

Alcoholic Beverage Control Board

May 14

† Resources Authority, Virginia

May 15

Local Debt, State Council on
Mines, Minerals and Energy, Department of
- Virginia Reclamation Fund Advisory Board
Treasury Board

May 16

† Audiology and Speech-Language Pathology, Board of
† Medicine, Board of

May 29

Alcoholic Beverage Control Board
† Nursing Home Administrators, Board of

May 31

Environmental Quality, Department of
- Technical Advisory Committee for Solid Waste
Management Regulations

PUBLIC HEARINGS

April 8

Air Pollution Control Board, State

April 9

Air Pollution Control Board, State

April 12

Water Control Board, State

April 15

Water Control Board, State

April 18

Fire Services Board, Virginia

April 22

Housing and Community Development, Board of

May 16

† Audiology and Speech-Language Pathology, Board of