

HOUSE BILL NO. 87

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions
on February 3, 2022)

(Patron Prior to Substitute--Delegate Ware)

A BILL to establish the Joint Subcommittee to Study Pandemic Response and Preparedness in the Commonwealth; report.

Whereas, outbreaks of infectious disease have recurred throughout Virginia's recorded history since the time of the first European settlements, beginning with outbreaks in Jamestown that contributed to the deaths of 80 percent of its earliest settlers and spread rapidly among Native American communities, devastating entire populations; and

Whereas, the General Assembly was forced to adjourn its 1696 session in Jamestown due to a smallpox epidemic, and an outbreak beginning in 1747 again brought the legislature and economy to a halt; other periodic smallpox outbreaks killed countless Virginians and left survivors permanently scarred or blind until inoculation became widespread; and

Whereas, after the first cases of cholera appeared in the United States in the early 1800s, three outbreaks of the disease struck Virginia between 1832 and 1866, and cholera continued to pose a threat until sanitary reform curbed its spread; and

Whereas, an outbreak of yellow fever struck Norfolk and Portsmouth in 1855, forcing the closure of businesses and ports, shutting down both cities' governments, and claiming an estimated 4,000 lives between the two cities; and

Whereas, a new and highly contagious strain of influenza spread throughout the world in 1918 and 1919, exacerbated by the conditions of World War I; the pandemic forced school closures and prohibitions on public gatherings, and it claimed the lives of at least 16,000 Virginians and an estimated 50 million people worldwide; and

26 Whereas, the World Health Organization declared COVID-19 a pandemic on March 11, 2020, and
27 the first known cases of the virus in Virginia were reported soon thereafter; in the year that followed,
28 schools and businesses were forced to close, health care providers were overburdened, and the normal
29 functioning of government was interrupted; hundreds of thousands of Virginians became infected with the
30 virus and thousands died, and its final toll is still unknown; and

31 Whereas, the COVID-19 pandemic is the Commonwealth's most recent public health crisis but
32 will not be its last, and it is essential in its aftermath to examine the effectiveness of the laws of the
33 Commonwealth during the pandemic, the response of all levels of government, and the preparedness of
34 various levels of government and, in particular, state institutions in Virginia to deal with future
35 emergencies; now, therefore,

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

37 1. § 1. That the Joint Subcommittee to Study Pandemic Response and Preparedness in the Commonwealth
38 (the Joint Subcommittee) is established to study pandemic response and preparedness in the
39 Commonwealth.

40 § 2. The Joint Subcommittee shall have a total membership of 25 members that shall consist of 10
41 legislative members, eight nonlegislative citizen members, and seven ex officio members. Members shall
42 be appointed as follows: five members of the Senate, to include one member of the Senate Committee on
43 Education and Health, one member of the Senate Committee on Finance and Appropriations, one member
44 of the Senate Committee on General Laws and Technology, one member of the Senate Committee on the
45 Judiciary, and one member of the Senate Committee on Rehabilitation and Social Services, each to be
46 appointed by the Senate Committee on Rules; five members of the House of Delegates, to include one
47 member of the House Committee on Appropriations, one member of the House Committee for Courts of
48 Justice, one member of the House Committee on Education, one member of the House Committee on
49 General Laws, and one member of the House Committee on Health, Welfare and Institutions, each to be
50 appointed by the Speaker of the House of Delegates; four nonlegislative citizen members, to include a
51 representative of the K-12 public education system, a representative of a public hospital or health care
52 system, a local elected official representing an urban locality, and an individual who owns a local

53 pharmacy, each to be appointed by the Senate Committee on Rules; four nonlegislative citizen members,
54 to include a local elected official representing a rural locality, a representative of a private hospital or
55 health care system, a representative of a four-year institution of higher education, and a representative of
56 a private business, each to be appointed by the Speaker of the House of Delegates; and the Secretaries of
57 Administration, Commerce and Trade, Education, Finance, Health and Human Resources, and Public
58 Safety and Homeland Security, or their designees, and the Executive Secretary of the Supreme Court of
59 Virginia, or his designee, all of whom shall serve ex officio with nonvoting privileges. Nonlegislative
60 citizen members of the Joint Subcommittee shall be citizens of the Commonwealth of Virginia. Unless
61 otherwise approved in writing by the chairman of the Joint Subcommittee and the respective Clerk,
62 nonlegislative citizen members shall only be reimbursed for travel originating and ending within the
63 Commonwealth of Virginia for the purpose of attending meetings. The Joint Subcommittee shall elect a
64 chairman and vice-chairman from among its membership, who shall be members of the General
65 Assembly.

66 § 3. Members of the Joint Subcommittee shall be compensated for their service and reimbursed
67 for all reasonable and necessary expenses incurred in the performance of their duties as provided in the
68 general appropriation act.

69 § 4. A. The Joint Subcommittee shall have the following powers and duties:

70 1. Examine the performance of existing laws in the Commonwealth in relation to the
71 Commonwealth's pandemic response.

72 2. Develop recommendations regarding:

73 a. The scope of the Governor's powers in long-term states of emergency and the feasibility of
74 legislative oversight of such powers;

75 b. The adequacy, resilience, and performance of the General Assembly and local governments;

76 c. The adequacy, resilience, and performance of public and private health care systems,
77 pharmacies, hospitals, independent providers, health system providers, federally qualified health centers,

78 urgent care centers, long-term care agencies and organizations, and congregate care facilities, including
79 (i) an assessment of the readiness of all such facilities and providers to implement infection prevention

80 and control measures in order to prevent and stop the spread of infectious diseases and (ii) an assessment
81 of the adequacy of regulations relating to vulnerable Virginians, including the elderly, the infirm, and
82 children;

83 d. The adequacy, resilience, and performance of the emergency management and public health
84 care systems, including (i) the need for stockpiling and planning for distribution of pandemic response
85 supplies and materials; (ii) the performance of local health districts and the feasibility of allowing for local
86 decision-making during pandemics, in contrast to delivery of routine services; and (iii) the existing
87 system's ability to detect and prevent future outbreaks and deploy health care solutions;

88 e. The adequacy, resilience, and performance of the judicial system and the need to develop future
89 emergency plans to facilitate better responsiveness;

90 f. The adequacy, resilience, and performance of Virginia Freedom of Information Act,
91 homeowners' association, and corporate meeting rules and the need to develop future emergency plans to
92 facilitate better responsiveness;

93 g. The adequacy, resilience, and performance of the K-12 and higher education systems and the
94 need to develop future emergency plans to facilitate better responsiveness; and

95 h. The adequacy, resilience, and performance of the business regulatory system and the need to
96 develop future emergency plans to facilitate better responsiveness.

97 B. The Joint Subcommittee may contract with consultants to assist in carrying out its duties under
98 subsection A. Compensation for any consultant shall be payable from funds made available to the Joint
99 Subcommittee.

100 § 5. Administrative staff support shall be provided by the Office of the Clerk of the Senate. Legal,
101 research, policy analysis, and other services as requested by the Joint Subcommittee shall be provided by
102 the Division of Legislative Services. Technical assistance shall be provided by the Department of Health,
103 the Department of Emergency Management, the Department of Medical Assistance Services, the
104 Department of Behavioral Health and Developmental Services, the Department for Aging and
105 Rehabilitative Services, the Department of Social Services, the Department of Labor and Industry, the
106 Department of Education, the Board of Pharmacy, and the Office of the Executive Secretary of the

107 Supreme Court of Virginia, upon request. All agencies of the Commonwealth shall provide assistance to
108 the Joint Subcommittee for this study, upon request.

109 § 6. No recommendation of the Joint Subcommittee shall be adopted if a majority of the Senate
110 members or a majority of the House members appointed to the Joint Subcommittee (i) vote against the
111 recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the
112 Joint Subcommittee.

113 § 7. The Joint Subcommittee shall be limited to four meetings for the 2022 interim and four
114 meetings for the 2023 interim.

115 § 8. The Joint Subcommittee shall submit to the General Assembly an interim report containing
116 an executive summary of its activity and work no later than December 1, 2022, and a final report
117 containing an executive summary of its activities and recommendations no later than September 1, 2023.
118 Each executive summary shall state whether the Joint Subcommittee intends to submit to the General
119 Assembly and the Governor a report of its findings and recommendations for publication as a House or
120 Senate document. The executive summaries and reports shall be submitted as provided in the procedures
121 of the Division of Legislative Automated Systems for the processing of legislative documents and reports
122 and shall be posted on the General Assembly's website.

123 #