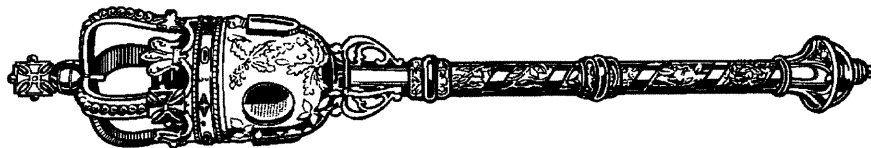


*Report of the
House Appropriations
Subcommittee*

on

Health & Human Resources



House Bill 1650

February 4, 2007

REPORT OF THE SUBCOMMITTEE
on
HEALTH & HUMAN RESOURCES

Mr. Chairman and Members of the Committee:

When we left Richmond last June, we provided almost a billion dollars in new funding to Health and Human Resources programs which supported our commitment to core services and safety net programs for our most vulnerable citizens. With this funding, we made substantial new investments in community mental health, mental retardation and substance abuse services, and provided relief to many of our health care providers whose services are undervalued by our low Medicaid payment rates.

Nevertheless, as we began our work this Session, we knew that we would continue to face pressing issues related to access to care. During the public hearings on the budget, we heard the pleas of many families with severely disabled children who are in urgent need of services in order to continue to keep their children at home. We also heard concerns that access to services, particularly in Northern Virginia, was in jeopardy due to the low rates paid to care providers.

Consequently, the Subcommittee worked hard to identify and redirect resources to address these critical issues and to maintain our commitment to preserve the safety net for low-income children, elderly and disabled citizens. I think you will be pleased with the recommendations we are making today.

First, with the assistance of Delegate Cox and the Commerce, Agriculture and Natural Resources Subcommittee, we are recommending funding to add 160 new mental retardation waiver slots and provide start-up funding to bring these slots online quickly. This action will bring the total new slots in this budget to 330 in FY 2008. In addition, we are recommending funding to add 100 new

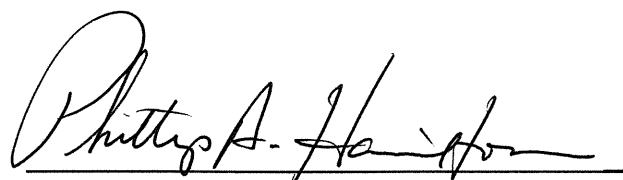
waiver slots for individuals with developmental disabilities. In order to maintain and build much-needed service capacity for these new waiver slots, the Subcommittee is recommending funding to boost the rates for waiver providers in Northern Virginia by 20 percent.

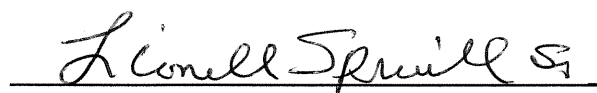
As we examined access to care issues, the Subcommittee continued to grapple with the low Medicaid reimbursement rates provided to our safety net providers. Consequently, the Subcommittee redirected resources to increase physician Medicaid rates by an additional two percent in the FY 2008. In addition, by passing House Bill 2034 which limits medical payments for prisoners to no more than the Medicare or Medicaid rate, the Subcommittee, with the support of the Chairman and the Public Safety Subcommittee, is able to recommend an additional one percent increase in payments to all physicians participating in the Medicaid program.

While this budget already contains funding to help improve access to Medicaid inpatient psychiatric hospital services, the Subcommittee recognized the need maintain access to hospital services for residents in small, rural localities. Therefore, we are recommending an increase in the Medicaid rates for these critical access hospitals so they may retain and attract essential health care workers.

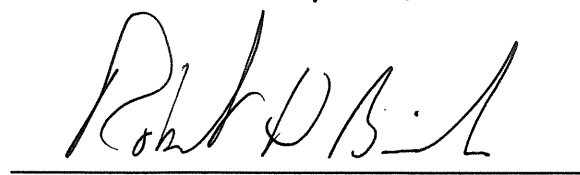
Mr. Chairman, I would like to thank the Subcommittee members for their hard work this Session and I would like to thank the entire committee for their efforts to increase access to needed care for our most vulnerable Virginians. The details of the subcommittee's recommendations are contained in the attachments which the staff will walk through with you. It is my hope that you will adopt our recommendations.

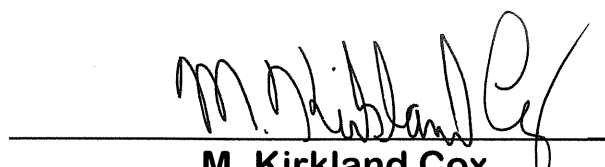
Respectfully Submitted by the House Appropriations Subcommittee
on Health & Human Resources:

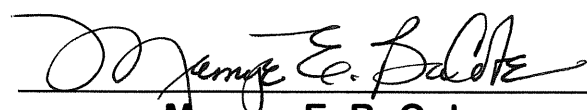

Phillip A. Hamilton, Chairman

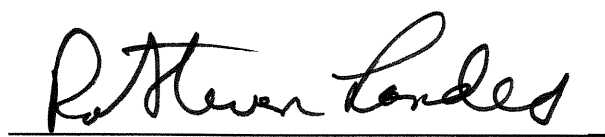

Lionell Spruill, Sr.

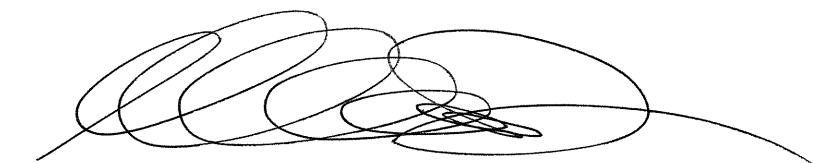

Harvey B. Morgan


Robert H. Brink


M. Kirkland Cox


Mamye E. BaCote


R. Steven Landes


S. Chris Jones

**HB 1650
Amendment**

2006-08 BIENNIAL TOTAL		
General Fund	Nongeneral Fund	FTE

Health & Human Resources

Secretary Of Health And Human Resources

Plan Transfer of Adult Services & Licensing to Aging	Language	
Report on Auxiliary Grant Portability	Language	
Develop Systems to Verify Citizenship	Language	

Department For The Aging

Reduce Funding for No Wrong Door System	(50,000)	0
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Department Of Health

Office of the Chief Medical Examiner	225,000	0	3.00
Level Fund Physician Loan Repayment Program	(250,000)	0	
Level Fund Physician Loan Repayment Program	Language		
Defer New Program for Nursing Scholarships	(200,000)	0	
Defer Funding for Electronic Health Records	(500,000)	0	
Defer Funding for Electronic Health Records Grants	(300,000)	0	
HB 2802-Transfer Biosolids Funds & Positions to DEQ	(183,026)	(456,114)	(2.00)
Reappropriate Balances-State Pharm. Assistance Prog.	Language		
Technical - Correct Budget Language for Health Planning	Language		
Technical - Update Budget Language for Correct Prog.	Language		
Technical - Move Budget Language for Health Planning	Language		
Technical - Correct Language Va. Health Care Found.	Language		
Technical - Correct Name of Community Organization	Language		
Technical - Correct Budget Language to Reflect Funding	Language		

Department Of Medical Assistance Services

20% MR Waiver Rate Differential for Northern Virginia	7,845,719	7,845,719
Add 160 MR Waiver Slots	4,234,100	4,234,100
Add 100 DD Waiver Slots	1,749,800	1,749,800
2% Medicaid Physician Rate Increase	505,953	246,231
1% Medicaid Physician Rate Increase-Contingency	2,266,212	2,389,266
Medicaid Rate Increase for Rural Hospitals	584,142	584,142
Offset GF in Medicaid from Increase Va. Health Care Fund	(3,362,731)	3,362,731
Capture Medicaid Forecast Savings	(2,700,000)	(2,700,000)
FAMIS MOMS Eligibility from 166% to 175% of FPL	(1,908,321)	(3,488,512)
Defer Money Follows the Person Demonstration Grant	(489,354)	(6,747,335)
Advisory Group on Pilot Model to Integrate Acute & LTC	Language	
Redirect Medicaid Drug Savings to Dispensing Fees	Language	
Technical - Medicaid Service Areas	Language	
Technical - Waiver to Use DSH for Community Partnership	Language	

Department Of Mental Health, Mental Retardation And Substance Abuse Services

MR Waiver Start-Up Funds	550,000	0	
Eliminate Added Position in Office of Community Integration	(67,882)	0	(1.00)
Plan E-Health Records Development in CSBs	Language		
Continue Review of MR Waiver Program	Language		
Distribution of Regional Funds for Facility Discharges	Language		
Children's Mental Health Services	Language		

Department Of Social Services

Eliminate Funds for Voluntary Quality Rating System	(2,852,200)	0
Adjust TANF Forecast for Policy Changes	(1,000,000)	0
Reduce Funds for Automated Child Care Payment System	(192,491)	0

HB 1650 Amendment

2006-08 BIENNIAL TOTAL		
General Fund	Nongeneral Fund	FTE

Department Of Social Services

Review of Current 3-Tiered Locality Groupings for TANF	Language
Report on Healthy Families Strategic Plan	Language
Technical - Correct Comm. Action Agencies Funding	Language
Child Day Care Licensing Standards	Language

Part 4: General Provisions

No General, Nongeneral or Special Funds for Abortions	Language
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	=====	=====	=====
HB 1650 Total	\$3,904,921	\$7,020,028	0.00

Health And Human Resources

Secretary Of Health And Human
Resources

Language

Language:

Page 286, after line 15, insert:

"D. The Secretary of Health and Human Resources, in cooperation with the Commissioners of the Departments for the Aging and Social Services, local service delivery agencies, and affected consumer and provider organizations, shall develop a plan to transfer adult services and adult services licensing from the Department of Social Services to the Department for the Aging. The plan shall include an estimate of the potential cost impacts on state and local agencies, and the organizational changes necessary to implement the plan. The Secretary shall submit the plan to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2007."

Explanation:

(This amendment directs the Secretary of Health and Human Resources to develop a plan to transfer adult services and adult services licensing from the Department of Social Services to the Department for the Aging.)

Health And Human Resources

Secretary Of Health And Human
Resources

Language

Language:

Page 286, after line 15, insert:

"D. The Secretary of Health and Human Resources shall work with the Virginia Information Technologies Agency, and the Departments of Medical Assistance Services, Health, Social Services and Motor Vehicles, to develop systems to streamline the verification of citizenship and the identity of applicants for medical assistance services and to enable caseworkers to access necessary information for eligibility purposes."

Explanation:

(This amendment requires the Secretary of Health and Human Resources to work with appropriate state agencies to develop systems to streamline the verification of

citizenship for applicants for the state's Medicaid program and to enable caseworkers to access necessary information for eligibility purposes. New federal law requires most Medicaid applicants and recipients to provide documentation of their U.S. citizenship and their identity. The federal regulations that implement the new law have resulted in delays in application processing, lower enrollment and large backlogs in applications. While Virginia agencies have worked to streamline procedures to ease the verification of documentation, the procedures remain cumbersome requiring considerable extra paper transactions. Further, the new requirements have revealed gaps in the ability of Virginia agencies to use technology to share information.)

Health and Human Resources Subcommittee

Item 278 #3h

Health And Human Resources

Secretary Of Health And Human
Resources

Language

Language:

Page 286, after line 15, insert:

"D. The Secretary of Health and Human Resources shall report on the feasibility of restructuring Auxiliary Grants to pay for housing of consumers who receive case management services from a community services board or behavioral health authority and who are found eligible for or are currently receiving auxiliary grants. The feasibility report shall include an assessment of how an Auxiliary Grant could be used to meet the needs of consumers who would benefit from choosing alternative living arrangements that promote more focused recovery and independence, an estimate of the number of consumers that could be eligible for an Auxiliary Grant under a restructured program, and an estimate of the potential cost of the restructured program. In developing the feasibility report, the Secretary shall consult with representatives of the assisted living industry, mental health organizations, community services boards, behavioral health authorities, and consumers. The feasibility report shall be provided to the Governor, and the Chairmen of the House Appropriations and Senate Finance Committees, and the Joint Commission on Health Care, by December 1, 2007."

Explanation:

(This amendment directs the Secretary of Health and Human Resources to report on the feasibility of restructuring the Auxiliary Grant program to make it a portable benefit for disabled consumers who choose housing arrangements other than assisted living facilities.)

Health And Human Resources

Department Of Health

Language

Language:

Page 296, line 22, unstrike "780,964".

Page 296, line 22, strike "1,030,964".

Explanation:

(This amendment modifies language in the introduced budget to level fund the physician loan repayment program in the second year. The program will continue to provide \$780,964 for loan repayments in each year of the biennium. A companion amendment in Item 293 reduces the additional funding of \$250,000 from the general fund in the second year which was inadvertently added to that item.)

Health And Human Resources

Department Of Health

Language

Language:

Page 299, line 22, after "E.", insert "1."

Page 299, after line 30, insert:

"2. General fund appropriations for the state pharmaceutical assistance program unexpended at the end of the fiscal year shall be reappropriated for expenditure for this program in the succeeding fiscal year."

Explanation:

(This amendment adds language requiring the reappropriation of any general fund balances in the state pharmaceutical assistance program for this purpose in the succeeding fiscal year.)

Health And Human Resources

Department Of Health

Language

Language:

Page 299, strike lines 48 through 51.

Page 299, line 52, strike "2." and insert "A.".

Page 299, line 53, strike "\$31,250" and insert "\$15,625".

Page 299, line 53, strike "and".

Page 299, line 54, strike "\$31,250 in the second year".

Page 300, line 10, strike "this Item" and insert:

"Health Research, Coordination and Planning".

Explanation:

(This technical amendment deletes budget language related to the Health Planning Fund from this item. A separate amendment adds the deleted budget language to Item 293 consistent with funding in that item. This amendment also adjusts funding that directed excess revenues to the general fund that was phased out in Chapter 3 of the Acts of Assembly of 2006. Finally, the amendment clarifies that reappropriated funds are to be used for Health, Research, Planning and Coordination and not the regulation of health care facilities.)

Health and Human Resources Subcommittee

Item 290 #2h

Health And Human Resources

Department Of Health

Language

Language:

Page 300, line 4, after "Need", insert "(40608)".

Page 300, line 6, strike "Office of Health Resources Development" and insert:
"COPN Program".

Page 300, line 7, strike "Office" and insert "Program".

Explanation:

(This technical amendment updates budget language to more accurately reflect the program for which funds are provided.)

Health and Human Resources Subcommittee

Item 293 #2h

Health And Human Resources

Department Of Health

Language

Language:

Page 309, after line 26, insert:

"U. This appropriation includes \$333,072 the first year and \$333,072 the second year from the general fund for the health planning fund in accordance with § 32.1-122.06, Code of Virginia."

Explanation:

(This technical amendment moves budget language from Item 290 to Item 293 to reflect funding included within this item.)

Health and Human Resources Subcommittee

Item 293 #2h

Health And Human Resources

Department Of Health

Language

Language:

Page 306, line 41, strike "\$3,600,571" and insert "\$3,630,571".

Page 306, line 42, strike "\$4,050,571" and insert "\$4,080,571".

Explanation:

(This technical amendment corrects budget language providing general fund support to the Virginia Health Care Foundation to accurately reflect the current appropriation.)

Health and Human Resources Subcommittee

Item 293 #3h

Health And Human Resources

Department Of Health

Language

Language:

Page 304, line 30, strike "Arlandria Health Center for".

Page 304, line 31, strike "Women and Children" and insert:

"Alexandria Neighborhood Health Services, Inc."

Page 304, line 31, strike "Health Center" and insert "organization".

Explanation:

(This technical amendment updates budget language to reflect changes to the name of the entity receiving funding in Alexandria.)

Health and Human Resources Subcommittee

Item 293 #4h

Health And Human Resources

Department Of Health

Language

Language:

Page 307, line 37, strike "\$1,600,000" and insert "\$1,850,000".

Explanation:

(This technical amendment corrects budget language to reflect additional funding

proposed in the Governor's introduced budget the second year for the Virginia Health Care Foundation. Funding is already included in the proposed budget for this initiative.)

Health and Human Resources Subcommittee

Item 302 #10h

Health And Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 330, line 4, after "shall", strike the remainder of the line and insert:

"convene an advisory group of stakeholders".

Page 330, line 5, strike "Services".

Page 330, line 5, after "regional", insert "pilot".

Page 330, line 6, strike "no".

Page 330, line 7, strike "later than July 2007" and insert:

"The advisory group shall be composed of representatives of acute and long-term care providers, managed care organizations and other impacted organizations and individuals."

Page 330, line 7, after "This" insert "pilot".

Page 330, line 8, after "basis.", insert:

"The Department, along with the advisory group, shall evaluate and report the benefits and costs of the regional pilot and the Program of All-Inclusive Care of the Elderly (PACE) projects prior to implementing statewide regional models for the integration of acute and long-term care."

Explanation:

(This amendment modifies language requiring the Department of Medical Assistance Services to develop and implement a regional model for the integration of acute and long-term care services no later than July 2007. The amendment requires the Department to convene an advisory group of stakeholders and clarifies that the regional model will be a pilot project. Language is also added requiring an evaluation of the pilot model program and the Program of All-Inclusive Care of the Elderly (PACE) projects prior to implementing the model program statewide.)

Health and Human Resources Subcommittee

Item 302 #11h

Health And Human Resources

Department Of Medical Assistance

Language

Services

Language:

Page 322, after line 16, insert:

"5. Upon adoption and issuance of final regulations by the Centers for Medicare and Medicaid Services (CMS) implementing federal Deficit Reduction Act of 2005 provisions pertaining to prescription drugs under the Medicaid program, the Department shall conduct a preliminary analysis of the fiscal impact of the implementation of "Average Manufacturer Price" (AMP). If the analysis indicates that the average savings amount resulting from AMP implementation will exceed the amount projected by the department and included in the Medicaid forecast for fiscal year 2008 contained in House Bill 1650 and Senate Bill 750, the total recalculated savings shall be allocated toward a pro rata increase in pharmacy dispensing fees for fiscal year 2008 in accordance with CMS policy and regulations. The allocation shall not exceed the aggregate reduction in reimbursement to pharmacies that results from AMP implementation."

Explanation:

(This amendment requires the Department of Medical Assistance Services to analyze the fiscal impact of the federal Deficit Reduction Act (DRA) of 2005 changes which impact state payment and rebates for prescription drugs under the Medicaid program, upon the adoption of final regulations by the Centers for Medicare and Medicaid implementing changes in prescription drug payments and rebates under the Medicaid program. If the analysis indicates that the new calculation of best price using the Average Manufacturer Price results in more savings to the Medicaid program than anticipated, the department is required to allocate the savings to increase the pharmacy dispensing fee. The federal Centers for Medicare and Medicaid Services (CMS) anticipate that changes in calculating the federal upper limits for prescription drugs will impact local pharmacy reimbursements as states adjust their payment methodologies to reflect the ingredient cost of the prescription drug. Consequently, CMS has advised states to reexamine and reevaluate the reasonableness of the dispensing fee paid as part of the pharmacy claim. Any changes made to current Medicaid payment rates require prior public notice, the submission of a Medicaid State plan amendment and approval by CMS.)

Health and Human Resources Subcommittee

Item 302 #12g

Health And Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 313, line 35, strike "\$360,234,910" and insert "\$298,693,765".

Page 313, line 35, strike "\$415,373,465" and insert "\$338,064,073".

Page 313, line 40, strike "\$1,368,523,658" and insert "\$1,428,214,803".

Page 313, line 40, strike "\$1,458,037,836" and insert "\$1,534,497,288".

Explanation:

(This amendment corrects the service area amounts within the Medicaid program to accurately reflect the amounts as forecasted. The net change to the service areas for long-term care and mental health services were switched and thus do not reflect the amounts in the Medicaid forecast. This amendment would change those amounts to accurately reflect the Medicaid forecast. There is no change in the overall appropriation for the Medicaid program.)

Health and Human Resources Subcommittee

Item 302 #13h

Health And Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 333, line 11, strike "Richmond Community Hospital" and insert:
"any community hospitals".

Explanation:

(This amendment is a technical change modifying language that will allow the VCU Health System to partner with any of the hospitals in the Richmond metropolitan area to provide necessary care to indigent patients in a less expensive setting.)

Health and Human Resources Subcommittee

Item 311 #1h

Health And Human Resources

Department Of Mental Health,
Mental Retardation And Substance
Abuse Services

Language

Language:

Page 344, line 49, after "AA.", insert "1."

Page 345, after line 4, insert:

"2. As a condition of this appropriation, the Department of Mental Health, Mental

Retardation and Substance Abuse Services, in cooperation with Community Services Boards and the Virginia Information Technologies Agency, shall develop a plan for the development of electronic health records in Community Services Boards and other technology initiatives to further the collection of data to enhance utilization review and management, the development of outcome measures, and quality improvement in providing services for persons with mental illness, mental retardation and substance use disorders. The plan shall include provisions to ensure interoperability and consistency with federal standards for the electronic exchange of health information."

Explanation:

(This amendment directs the Department of Mental Health, Mental Retardation and Substance Abuse Services, in cooperation with others to develop a plan for the development of electronic health records in Community Services Boards.)

Health and Human Resources Subcommittee

Item 311 #2h

Health And Human Resources

Department Of Mental Health,
Mental Retardation And Substance
Abuse Services

Language

Language:

Page 345, after line 4, insert:

"BB. The Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with the Department of Medical Assistance Services and related state agencies, the ARC of Virginia, consumers, Parents and Associates of the Institutionalized Retarded, the Virginia Association of Community Services Boards, and private providers shall continue the joint study of the Medicaid home- and community-based waiver for persons with mental retardation, pursuant to Item 302 TT. of this act, to determine how the waiver program can be improved to provide a person-centered, individualized support focus. In addition, the study group shall review and make recommendations for the development and funding of a full continuum of care for consumers with mental retardation. This review shall include an examination of all aspects of funding the continuum, including Medicaid and Medicaid waivers. Recommendations shall be made to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than October 1, 2007."

Explanation:

(This language amendment directs the Department of Mental Health, Mental

Retardation and Substance Abuse Services review and make recommendations on the continuum of care for persons with mental retardation for the 2008-10 biennium. This review would expand the scope of the review of the Medicaid home- and community-based waiver for persons with mental retardation which was completed in December 2006 as directed in Item 302, paragraph TT. of Chapter 3 of the Acts of Assembly of 2006.)

Health and Human Resources Subcommittee

Item 312 #2h

Health And Human Resources

Grants To Localities

Language

Language:

Page 350, after line 32, insert:

"FF. The Commissioner of Mental Health, Mental Retardation and Substance Abuse Services shall work with Community Services Boards to ensure that fund allocation decisions for regional restructuring projects in the second year consider the service needs of individuals who are expected to be discharged into each region from affected facility downsizing."

Explanation:

(This amendment adds language requiring the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services to work with Community Services Boards to ensure restructuring funds meet the needs of individuals who are expected to be discharged into each region as a result of facility downsizing. In the current year, although residents from Northern Virginia were slated for discharge from Eastern State Hospital's Hancock Geriatric Center, no restructuring funds were provided to help Northern Virginia communities provide the specialized services needed by these older adults. Typically, Northern Virginia residents use about 40 geriatric beds at Eastern State Hospital, due to the space and program limitations at the Northern Virginia Mental Health Institute.)

Health and Human Resources Subcommittee

Item 312 #3h

Health And Human Resources

Grants To Localities

Language

Language:

Page 347, line 17, after "disorders", insert:

"with priority placed on those children who, absent services, are at-risk for custody relinquishment, as determined by the Family and Assessment Planning Team of the

locality."

Explanation:

(This amendment adds language specifying that funding for mental health services for children and adolescents with serious emotional disturbances and related disorders, which is provided through the Department of Mental Health, Mental Retardation and Substance Abuse Services to Community Services Boards, shall be allocated with priority placed on serving those children who are at-risk for custody relinquishment.)

Health and Human Resources Subcommittee

Item 334 #4h

Health And Human Resources

Department Of Social Services

Language

Language:

Page 364, after line 15, insert:

"U. The Commissioner of Social Services shall review options set forth in House Document 14 (2002) on locality groupings for purposes of determining Temporary Assistance to Needy Families (TANF) payment amounts in Virginia. The Commissioner shall assess the relevancy of the options based on recent changes to the TANF program and make a recommendation on how to address inequities in the current locality groupings. Recommendations shall be presented to the Chairmen of the House Appropriations and Senate Finance Committees and the Secretary of Health and Human Resources by October 1, 2007."

Explanation:

(This amendment requires the Department of Social Services to review the options set forth in House Document 14 (2002) on the three-tiered locality grouping structure which is used to set payment amounts for the Temporary Assistance to Needy Families (TANF) program. The initial groupings were established several decades ago based on the shelter costs in localities and the groupings may not be reflective of current cost of living levels. Language directs the Commissioner to make recommendations to address inequities in the current grouping structure.)

Health and Human Resources Subcommittee

Item 338 #1h

Health And Human Resources

Department Of Social Services

Language

Language:

Page 369, line 42, after "H.", insert "1."

Page 369, after line 55, insert:

"2. The Department of Social Services shall report on the strategic plan for Healthy Families Virginia, including the survey of site capacity and the process for identifying sites which would be appropriate candidates for expansion developed by Prevent Child Abuse Virginia, as required by its contract. The department shall provide this report no later than October 1, 2007, to the Governor, the Secretary of Health and Human Resources, and the Chairmen of the House Appropriations and Senate Finance Committees."

Explanation:

(This amendment requires the Department of Social Services to report on the strategic plan for the Healthy Families Virginia organization, including site capacity and process for identifying sites which could be expanded to assist at-risk children and families to prevent child abuse and neglect.)

Health and Human Resources Subcommittee

Item 340 #1g

Health And Human Resources

Department Of Social Services

Language

Language:

Page 372, line 42, strike "\$2,264,786" and insert "\$2,664,786".

Page 372, line 42, strike "\$5,662,645" and insert "\$6,062,645".

Explanation:

(This amendment corrects community action agency language to reflect available funding.)

Health and Human Resources Subcommittee

Item 341 #1h

Health And Human Resources

Department Of Social Services

Language

Language:

Page 375, after line 45, insert:

"G. The Commissioner of Social Services shall ensure that medication administration training required by the standards for licensed day care centers is completed by June 1, 2007. In the event that such training is not complete or day care centers have not received training for good cause, licensed day care centers may apply to the Commissioner for a good cause extension to comply with training

requirements."

Explanation:

(This amendment allows day care centers to apply for an extension to meet medication administration training requirements pursuant to the standards for licensed day care centers.)

Health and Human Resources Subcommittee

Item 4-5.04 #2h

Special Conditions and Restrictions on Expenditures

Good and Services

Language

Language:

Page 643, after line 14, insert:

"h. MEDICAL SERVICES: No expenditures from general, special or other nongeneral fund sources may be made out of any appropriation by the General Assembly for providing abortion services, except as otherwise required by federal statute. However, nothing herein shall prevent a physician from providing medical assistance to preserve the life of a pregnant woman provided that every possible measure shall be taken to preserve the life of the unborn child of the pregnant woman."

Explanation:

(This amendment is self-explanatory.)
