

**State Board of Health Nominating Committee
Minutes
June 2, 2016 – 8:30 a.m.
Perimeter Center, 9960 Mayland Drive
Richmond, Virginia 23233**

Members present: Amy Vest, Linda Hines, Faye Prichard, Dr. John Seeds
Members absent: Jim Shuler, DVM

VDH staff present: Dr. Hughes Melton, Chief Deputy Commissioner, Joe Hilbert, Director of Governmental and Regulatory Affairs

The members discussed the slate of officers to recommend to the Board. The committee was unable to reach consensus on a slate of officers to recommend to the Board. The meeting adjourned at 8:50 a.m.

**State Board of Health
Minutes
June 2, 2016 – 9:00 a.m.
Perimeter Center, 9960 Mayland Drive
Richmond, Virginia 23233**

Members present: Bruce Edwards, Chair; Brad Beall; Theresa Brosche; Tommy East; Jim Edmondson; Megan Getter; Linda Hines; Wendy Klein, MD; Hank Kuhlman; Benita Miller, DDS; Faye Prichard; John Seeds, MD; Amy Vest; and Mary Margaret Whipple

Members absent: Jim Shuler, DVM

VDH staff present: Dr. Marissa Levine, State Health Commissioner; Richard Corrigan, Deputy Commissioner for Administration; Bob Hicks, Deputy Commissioner for Community Health Services; Dr. Hughes Melton, Chief Deputy Commissioner; Dr. Lilian Peake, Deputy Commissioner for Population Health; Joe Hilbert, Director of Governmental and Regulatory Affairs; John Ringer, Director of Public Health Planning and Evaluation; Cathy Peppers, Administrative Assistant; Catherine West, Administrative Assistant; Maribeth Brewster, Risk Communications Manager; Erik Bodin, Director, Office of Licensure and Certification; Debbie Condrey, Chief Information Officer; Dr. Laurie Forlano, Director, Office of Epidemiology; Steve Harrison, Director, Office of Radiological Health; Allen Knapp, Director, Office of Environmental Health Services; Dwayne Roadcap, Director, Division of Onsite Sewage, Water Supplies, Environmental Engineering, and Marina Programs; Lance Gregory, Environmental Health Coordinator, Office of Environmental Health Services; Julie Henderson, Director, Division of Food and Environmental Services; Jennifer Macdonald, Newborn Screening Program Manager, Office of Family Health Services; Bob Mauskopf, Colonel, USMC (retired), Director, Office of Emergency Preparedness; Dr. Adrienne McFadden, Director, Office of Health Equity; Terri Cook, Business Manager, Rappahannock Health District; Roxanne Ehardt, Procurement Manager, Office of Purchasing and General Services

Others Present: Robin Kurz and Grant Kronenberg, Office of the Attorney General;
Dr. Terry Dickinson, Executive Director, Virginia Dental Association

Call to Order

Mr. Edwards called the meeting to order at 9:00 a.m. Ms. Getter led those in attendance in the pledge of allegiance.

Welcome and Introductions

Following introductions, Mr. Edwards welcomed the public to the meeting. Mr. Hilbert then reviewed the agenda and the items contained in the Board's notebooks. Mr. Hilbert told the Board that the order of speakers for the Zika presentation was different than that on the printed copy of the agenda in the Board's notebooks. The correct order is Dr. Forlano, Ms. Macdonald, Ms. Brewster, and Colonel Mauskapf. The updated agenda was approved by unanimous consent.

Approval of Minutes

Ms. Vest told the Board that a correction needed to be made to her member report on page 13 of the draft minutes for the Board's March 17, 2016 meeting. Ms. Vest indicated that the first two sentences of her report needed to be deleted and replaced with the following: "She told the Board that since the Drug Enforcement Administration rescheduled hydrocodone containing products from schedule 3 to schedule 2 in October 2014, dispensed prescriptions have declined by 22%. Although the state and national pharmacists' associations did not initially support this change out of concern that it would limit access and increase pharmacists' workloads, it is proving to be an effective means of combating opioid abuse." The amended minutes were approved by unanimous consent.

Commissioner's Report

Dr. Levine provided the Commissioner's Report to the Board. She began with the introduction of the "agency stars" for the meeting: Roxanne Ehardt with the Office of Purchasing and General Services and Terri Cook with the Rappahannock Health District. Dr. Levine also introduced Dr. McFadden to publicly recognize her work in developing a Native American tribal listening session.

Dr. Levine told the Board that VDH is revisiting its strategic planning process, and that it is critical to have goals and metrics for purposes of accountability. The VDH strategic planning process needs to be consistent with the statewide approach required by the Department of Planning and Budget. The VDH strategic plan is also a critical component of the agency's efforts to obtain accreditation from the Public Health Accreditation Board (PHAB). Dr. Levine told the Board that she will be seeking input from the Board towards identifying the agency's strategic priorities and goals. She said that there are a few other states that have already been accredited by PHAB, and that the accreditation process will likely take more than a year to

complete. Dr. Levine explained that accreditation is about continuous improvement, and ensuring that the agency utilizes its resources and carries out its responsibilities efficiently and effectively.

Dr. Levine then updated the Board on private well testing that has been performed by VDH on certain homes located near coal ash facilities. Unfortunately, no baseline exists to help interpret test results. Dr. Levine described the methodology used by VDH to perform the testing, which included obtaining approval from the homeowner to conduct the testing. VDH compared the private well test results to the requirements utilized for public water supplies. While trace levels of certain contaminants were found, all of the test results met the requirements for public water supplies. There was no coal ash contamination found in any of the samples. Dr. Levine explained that several of the wells tested by VDH were also tested by other entities—although VDH was never directly provided with those test results. Rather, VDH learned of the test results through media reports. The test results obtained by other entities showed elevated lead levels—much higher than the lead levels found by VDH. She told the Board that lead in household drinking water can result from old plumbing, solder, or anything else in the distribution system, particularly in an acidic environment. All of the samples tested by VDH were acidic. Dr. Levine said that there will be additional tests conducted by Prince William County at the request of one homeowner. VDH will continue to deal with this issue on a case-by-case basis, and will continue to work with individuals and counties that need assistance.

There was a brief discussion concerning requirements to disclose private well contamination as part of a real estate transaction. Dr. Levine explained that the only testing required for a private well is bacteriological testing at the time of initial construction of the well. She also said that there are significant and complex environmental issues surrounding this topic. There was further discussion of the basic process that will be utilized to close the coal ash facilities and to monitor ground water in the vicinity of the closed facility.

The next item in the Commissioner's report concerned opioid harm reduction. Opioid abuse—particularly heroin—is a significant public health issue in Virginia. She said that the upward trend in heroin overdoses is an indicator of the criticality of the issue. Other issues involve HIV and Hepatitis C. From a governmental point of view, a lot of state and local agencies are involved. Dr. Levine told the Board that there is good work going on at the local level, but there needs to be a better coordinated approach among state agencies. Consequently, there is an opportunity to figure out a new organizational model. Dr. Levine said if we want comprehensive opiate harm reduction for this issue, numerous legal and health care issues have to be addressed.

There was a discussion concerning the cost and availability of naran, and concerning community-based harm opiate harm reduction efforts. Ms. Brosche asked if there were any guidelines concerning the use of equipment in nail salons that could potentially transmit blood-borne disease. Dr. Levine responded by saying that she believed nail salons are regulated by the Department for Professional and Occupational Regulation, and that VDH does not have any regulatory role. However, Dr. Levine said that VDH would confirm that information and respond back to Ms. Brosche.

Next, Dr. Levine provided an update on the Advance Health Care Directive Registry. She told the Board about the importance of the Registry and under-utilization of it in Virginia. The Registry recently transitioned to health information exchange, ConnectVirginia HIE, Inc., which is VDH's statewide health information exchange partner. In addition, U.S. Living Wills has partnered with ConnectVirginia to provide additional functionality for the Registry. Dr. Levine explained that the Registry can better enable families to help their loved ones "die well" and take away some of the heartache with the process. Dr. Levine requested the Board's assistance in promoting the Registry.

There was discussion about the need to promote the Registry in collaboration with medical professionals and other state agencies. There was additional discussion concerning the Honoring Choices Virginia program.

Dr. Levine then provided the Board with an update concerning VDH's Radiological Health program. Programmatic activities intended to protect Virginians from ionizing radiation summarized. VDH efforts to raise awareness concerning radon were described, as well as VDH monitoring activities in the vicinity of nuclear power plants.

There was a discussion concerning the training, qualifications, and regulation of individuals who administer x-rays in physician offices. Mr. Harrison told the Board that VDH ensures that staff who administer X-rays are properly trained in the use of the equipment. He explained further that VDH generally determines that such staff are properly trained.

Dr. Levine ended the Commissioner's report by providing an update on recent VDH key personnel changes:

- Dr. Hughes Melton – Chief Deputy Commissioner;
- Dr. Sulola Adekoya – Medical Director, Community Health Services;
- Letha Fisher, Director, Public Health Nursing; and
- Dr. Bill Nelson, Interim Director, Chesterfield Health District.

Dr. Seeds asked if Dr. Levine had any comments in response to recent media reports concerning certain allegations made against the VDH Office of the Chief Medical Examiner (OCME). Dr. Levine told the Board that she could not say much because there is a VDH internal investigation, being conducted with some external assistance, underway. She said that VDH took the allegations seriously, and that she is confident that all of the necessary investigative components are in place. She said further that the integrity of the OCME is critical, as is the need to take the time necessary to conduct a full investigation. Dr. Levine could not say when the investigation would be complete, but she intends to be very transparent with the process; Virginia needs a highly functional and trusted OCME.

Zika Virus Disease – Public Health Planning and Response

Dr. Forlano began the Zika presentation. She told the Board that Zika is primarily spread through bite of the Asian Tiger mosquito, but also can be spread by sexual contact and maternal-fetal connection. There is currently no vaccine. Zika is a reportable disease in Virginia. VDH is providing guidance and education concerning Zika to a wide variety of audiences. There was a

brief discussion concerning the clinical case definition for Zika. Dr. Forlano told the Board that mosquito surveillance and control are mostly conducted at the local level in Virginia. Ms. Brosche asked if there is any evidence of a connection between Zika and Guillain-Barre. Dr. Forlano said that there is not enough information at this time to say whether there is any connection.

Ms. Macdonald continued the presentation by telling the Board about the US Zika Pregnancy Registry. The purpose of the Registry is to gain more information and understanding of linkages between Zika virus during pregnancy and congenital Zika virus infections, and to guide recommendations for prevention strategies, clinical care, testing, and services. Entry into the registry can be by the name of the mother or the infant, depending on where the evidence of infection is. Policies and procedures have been put into place to conduct disease surveillance utilizing information in the Registry. There was a brief discussion of efforts to monitor potential Zika infections in persons returning to the U.S. from foreign countries, particularly from South America. Dr. Forlano told the Board the VDH is primarily relying on its disease reporting system, and also noted that the majority of infected individuals are asymptomatic.

Ms. Brewster then updated the Board about communications efforts related to Zika virus. VDH is making great effort to ensure that timely, accurate information is being provided via numerous mechanisms to a wide variety of audiences. This has included the use of radio and social media. Zika prevention kits and door-hangers have been distributed to local health departments. VDH is coordinating its public health messaging in the National Capital Region with Maryland and the District of Columbia. There was discussion concerning VDH's collaboration with the Virginia Section of the American Congress of Obstetricians and Gynecologist and the Virginia Chapter of the American Academy of Pediatricians. Dr. Levine told the Board that there has been extensive collaboration between VDH and those two organizations. There was additional conversation concerning outreach to midwives and nurses. Ms. Brosche complimented VDH on its Zika webpage. There was additional discussion concerning how community based organizations can order additional copies of the Zika prevention door hangers from VDH.

Colonel Mauskapf completed the presentation by telling the Board about the public health planning and response efforts with regard to Zika virus disease. VDH has a standing incident management team, organized by threat and threat evolution. During the response for Ebola, the Governor directed the Commissioner to establish unified command, which served Virginia well. In February, the Governor directed the Commissioner to establish a Zika task force. While the task force currently has no command authority, it has nevertheless met four times and has been invaluable. The task force created the State Zika Response Plan, which is posted on VDH's website. A vector control tabletop exercise will be held on June 17th. In addition, the Commissioner has appointed a clinician outreach work group.

There was a discussion concerning the impact of Zika on blood services testing. Colonel Mauskapf explained that the U.S. Food and Drug Administration has established a protocol for blood testing, in the event that there is local transmission of the virus. There was additional discussion concerning mosquito control.

Abortion Facility Licensure Status Report

After a brief break, Mr. Bodin provided the Board with the abortion facility licensure status report. OLC is currently in the process of conducting biennial inspections on all of the licensed abortion facilities. One facility recently notified OLC that it would be closing and has in fact now closed. There are currently 15 abortion facilities in Virginia, 14 of which have renewed their licenses. The renewal for one facility is on hold pending an Informal Fact Finding Conference (IFFC). OLC had initiated a focused complaint investigation for that facility in response of a complaint regarding cleanliness. Upon entrance into the facility, OLC inspectors found enough issues to notify their supervisor, which resulted in a decision to elevate the survey to a full biennial survey. Following additional work by the inspectors, and based on the number and severity of deficiencies found, the supervisor elevated the matter to Mr. Bodin, who recommended to the Commissioner that the facility's license be suspended. A number of deficiencies were at the I level, which is the most severe that OLC has found to-date. The Commissioner concurred with that recommendation and suspended the license. The facility has stopped functioning as a licensed abortion facility. The facility requested an IFFC to challenge the suspension. OLC scheduled the IFFC, but the facility subsequently asked for an indefinite postponement of the IFFC.

Mr. Beall requested an explanation of how an IFFC works. Mr. Bodin said that the IFFC is an opportunity for the facility to provide their evidence/argument that what was found was not sufficient to suspend license. Mr. Beall asked if, under these circumstances, the facility would be required to apply for a new license, or renew its suspended license, in order resume operations as a licensed facility. Mr. Bodin responded that, because there is a pending IFFC, the expiration of license is in a pending state, and expiration could not occur until after the IFFC had been completed. Mr. Beall asked for confirmation that a new licensure application would not be required in this instance. Ms. Kurz said that she would check with the attorneys who represent the abortion facility licensure program and they will let Mr. Bodin know if his conclusion is incorrect.

Mr. Beall noted that the inspection report indicated that staff member 7 was a physician not licensed in Virginia. Mr. Bodin responded that that staff member is not practicing in Virginia, nor domiciled in Virginia, is not performing medical procedures, and is functioning as administrative staff. Mr. Beall said that the staff member in question was the medical laboratory director. Mr. Bodin responded that OLC had checked with the Centers for Medicare and Medicaid Services concerning Clinical Laboratory Improvement Amendments (CLIA) requirements, and determined staff number 7 did qualify under CLIA regulations for being the laboratory director and that being a physician was not a requirement.

Ms. Getter asked what the next step is concerning the suspended facility license and the IFFC. Mr. Bodin responded by saying that there is no deadline for the facility to get back in contact with VDH, but that OLC will probably reach out to the facility in the next week or two. He also said that the facility needs to be given a reasonable opportunity to respond to the suspension and the deficiencies, but it is not required to have an IFFC.

Ms. Vest commended the OLC medical facilities inspectors for their work with regard to the facility inspection. She said that there were many serious issues concerning expired medications. She asked if there was a need for greater guidance for all the facilities concerning medication issues. Mr. Bodin agreed that the medication issues were serious and said that, since OLC is now in the process of performing biennial facility inspections, it is an opportunity to consider providing that type of guidance to facilities. Dr. Miller asked if the Board of Medicine is investigating any of the physicians at the facility. Mr. Bodin responded that he did not know if there was an ongoing investigation. Dr. Seeds asked if the facility inspection was unannounced. Mr. Bodin said that it was, and that all abortion facility inspections are unannounced. Dr. Seeds asked if the facility had had the same type of violations at its prior inspection. Mr. Bodin said that some of the violations were the same, but the violations during the first inspection were not of the same level of severity. Dr. Seeds told the Board that there is no requirement for facilities to report abortion-related complications.

Ms. Getter further inquired concerning the previous inspection of this facility, in 2015. There was a discussion concerning the facility inspection process and procedures used by OLC. Mr. Bodin told the Board that OLC inspectors do not look at every patient or every medication. They review a sample and, if they find evidence of violations, then they dig deeper. There was a brief discussion concerning the issuance of temporary variances for the building design and construction provision of the regulations. Mr. Bodin explained to the Board that, despite having a suspended license, the facility can still provide four or less first trimester abortions per month. Ms. Brosche said that the patient safety issues identified by OLC were alarming, and she commended the OLC facility inspectors for their clear, concise documentation.

Matrix of Pending Regulatory Actions

Mr. Hilbert reviewed the summary of all pending VDH regulatory actions. Since the March 2016 meeting, there has been one regulatory action and one non-regulatory action that the Commissioner took on behalf of the Board while the Board was not in session. Those actions are:

- Regulations Governing Campgrounds (12VAC5-450) – Approval of a Notice of Intended Regulatory Action; and
- Guidelines for Cleanup of Residential Property Formerly Used to Manufacture Methamphetamine – Approval of amendments to the Guidelines.

Mr. Hilbert advised the Board that there are six periodic reviews in progress:

- Regulations for Licensure of Hospice (12VAC5-391).
- Rules and Regulations Governing the Construction and Maintenance of Migrant Labor Camps (12VAC5-501);
- Regulations Governing the State Dental Scholarship Program (12VAC5-520);
- Regulations Governing the Virginia Medical Scholarship Program (12VAC5-530);
- Waterworks Regulations (12VAC5-590); and
- Regulations for Alternative Onsite Sewage Systems (12VAC5-613).

Mr. Hilbert also told the Board that there is one petition for rulemaking pending and under review (Regulations for Certificate of Quality Assurance for Managed Care Health Insurance Plans 12VAC5-408).

There was a brief discussion concerning the Guidelines for Cleanup of Residential Property Formerly Used to Manufacture Methamphetamine. There was also brief discussion concerning the NOIRA for the Campground regulations. Ms. Pritchard told the Board that her locality has been very involved in trying to find permanent housing for individuals who have been living in hotels. She said that the Board needs to keep in mind that neither hotels nor campgrounds are intended to be permanent housing.

Public Comment

There were no comments from any member of the public.

Regulatory Action Item

Regulations for the Physician Assistant Scholarship Program (12VAC5-525) – Proposed Regulations

Dr. McFadden presented the proposed regulations. The 1997 Virginia Acts of Assembly amended and reenacted § 32.1-122.6:03 of the Code of Virginia to require the establishment of an annual physician assistant scholarship program for students who intend to enter an accredited physician assistant program. The proposed regulations contain provisions pertaining to definitions, composition of an advisory committee, eligibility and conditions for scholarships, and the process to apply, deadlines, selection criteria, contract requirements, practice site selection, and repayment information for scholarships. Dr. Seeds moved that the proposed regulations be approved with Mr. East seconding the motion.

Dr. Klein made a motion to change the minimum required grade point average from “2.5” to “3.0” in 12VAC5-525-30 3 and 12VAC5-525-50. Ms. Prichard seconded the motion. . There was a discussion that the minimum required grade point average should be raised in all VDH-administered scholarship programs from 2.5 to 3.0. Mr. Edwards called for a vote by show of hands on this motion to amend the proposed regulations as presented by VDH. The motion was approved unanimously. Ms. Getter asked about the reference to the Advisory Committee in the first sentence of 12VAC5-525-90. Dr. McFadden responded that this was a typographical error. Ms. Getter then made a motion to correct to change the words “Advisory Committee” to “Physician Assistant Scholarship Committee” with Ms. Whipple seconding the motion. Mr. Edwards called for a vote by show of hands on this motion to amend the proposed regulations as presented by VDH. The motion was approved unanimously. There was further discussion about how a penalty can be invoked, repayment of the loan, and deferment of a loan. There being no further discussion, Mr. Edwards then called for a vote by show of hands on the main motion to approve the proposed regulations as amended during the foregoing discussions. The proposed amendments were approved unanimously.

Lunch Presentation

Mr. Edwards introduced Dr. Dickinson as the lunch speaker. Dr. Dickinson began his presentation by showing the Board a video about the community dental health coordinator program on the Eastern Shore. He told the Board that dental health affects overall health, and that there needs to be interactions between all of the different health care professions. He said that there are many barriers preventing certain individuals from receiving the dental care that they need. Barriers include fear, transportation, cost, and availability of providers in their area. The community dental health coordinator program helps improve access to dental care. A coordinator can help with Medicaid eligibility process, arranging transportation, patient assessment, overcoming language barriers, etc. Dr. Dickinson also gave the Board an overview of the Mission of Mercy dental program in Virginia. Dr. Levine reminded the Board of the critical role that community water fluoridation plays in protecting oral health.

Regulation Action Item

Food Regulations (12VAC5-421) – Final Amendments

Mr. Knapp presented the final amendments. These amendments incorporate the 2009 and 2013 changes to the Food and Drug Administration (FDA) Food Code. These changes refine and provide further clarity to the existing regulations and are also being proposed by the Virginia Department of Agriculture and Consumer Services. The final amendments also include changes that resulted from legislation passed in 2015 to require allergen awareness for employees in restaurants. Additional changes include changes in the requirements for water supplies and changes regarding the presence of dogs in food establishments under certain conditions. Ms. Brosche moved that the final amendments be approved with Mr. East seconding the motion.

There was a discussion concerning the extent to which the final amendments go beyond incorporating changes to the FDA Food Code. Ms. Henderson explained to the Board that the amendments concerning certain requirements for food managers, as well as amendments allowing the presence of dogs in food establishments under certain circumstances, go beyond the changes in the FDA food code. Dr. Levine explained to the Board that she has issued over 100 variances to regulatory requirements in order to allow dogs into certain food establishments. There was also discussion concerning the difference between “potable water” and “pure water.” Ms. Henderson told the Board that the two terms are used interchangeably.

There being no further discussion, Mr. Edwards then called for a vote by show of hands on the motion to approve the final amendments as presented by VDH. The final amendments were approved unanimously.

Report of the Nominating Committee

Ms. Vest provided the report of the Nominating Committee. The Committee was comprised of Ms. Vest, Ms. Hines, Ms. Prichard, Dr. Seeds, and Dr. Shuler. Ms. Vest told the Board that the Nominating Committee was not able to reach consensus and did not have a recommendation for a slate of Board officers.

Election of Officers

Mr. Edwards advised the Board that the election of officers would follow Robert's Rules of Order by taking nominations, closing nominations, and voting on candidates on each position separately. Mr. Edwards said that since there are 14 Board members present, a majority vote would be eight. Mr. Edwards went on to say that the vote would be taken by a roll call. Mr. Edwards concluded explaining the process by saying that if there were three nominees for any position, there could be no majority of eight and stated that the nominee getting the least amount of votes would drop out and another roll call vote would occur.

Mr. Edwards called for nominees for the position of chair. Mr. Beall nominated Mr. Edwards. Ms. Hines nominated Ms. Prichard. There being no further nominees, Mr. Edwards closed the nominations and called for a roll-call vote. Nine members voted for Mr. Edwards (Mr. Beall, Ms. Brosche, Mr. East, Mr. Edwards, Ms. Getter, Mr. Kuhlman, Dr. Miller, Dr. Seeds, and Ms. Vest). Five members voted for Ms. Prichard (Mr. Edmondson, Ms. Hines, Dr. Klein, Ms. Prichard, and Ms. Whipple). Mr. Edwards was elected chair.

Mr. Edwards called for nominees for the position of vice chair. Dr. Seeds nominated Ms. Prichard. There being no further nominees, Mr. Edwards closed the nominations and called for a vote by show of hands. The vote was unanimous for Ms. Prichard and she was elected vice chair.

Mr. Edwards called for nominees for the two executive committee positions. Ms. Getter nominated Mr. East. Ms. Brosche nominated Dr. Miller. Ms. Prichard nominated Dr. Klein. There being no further nominees, Mr. Edwards closed the nominations. After a brief break, Mr. Edwards advised the Board that each member would vote for two names. All three candidates agreed that the candidate receiving the least number of votes would concede and Mr. Edwards called for a roll-call vote. Eight members voted for Mr. East (Mr. Beall, Ms. Brosche, Mr. East, Mr. Edwards, Ms. Getter, Ms. Hines, Mr. Kuhlman, and Ms. Vest). Thirteen members voted for Dr. Miller (Mr. Beall, Ms. Brosche, Mr. East, Mr. Edmondson, Mr. Edwards, Ms. Getter, Dr. Klein, Mr. Kuhlman, Dr. Miller, Ms. Prichard, Dr. Seeds, Ms. Vest, and Ms. Whipple). Seven members voted for Dr. Klein (Mr. Edmondson, Ms. Hines, Dr. Klein, Dr. Miller, Ms. Prichard, Dr. Seeds, and Ms. Whipple). Mr. East and Dr. Miller were elected to the executive committee.

Member Reports

Several members expressed their appreciation of, and gratitude for, the service of both Ms. Vest and Dr. Seeds as this is their last Board of Health meeting.

Dr. Wendy Klein – Medical Society of Virginia (MSV). No report.

Mary Margaret Whipple – Hospital Industry. She told the Board that the Virginia Hospital and Healthcare Association has a quality and patient safety dashboard available on its website and that new data shows that there has been improvement in hospitals in all metrics. She also told the Board that there is a dashboard available for data that can be viewed by legislative district.

Jim Edmondson – Corporate Purchaser of Health Care. He expressed his appreciation for the expressions of concern that the Board extended to him. He also asked for an update on the merger of two health care systems in Southwest Virginia. Dr. Levine told the Board that neither the Southwest Virginia Health Authority (SWVHA) nor VDH has yet received a complete application, although there has been considerable communication between the applicant and the SWVHA. Nevertheless, since the application is not yet complete, the mandatory review and decision timelines contained in the statute and regulations have not yet begun to run.

Hank Kuhlman – Consumer Representative. No report.

Linda Hines – Managed Care Health Insurance Plans. No report.

Theresa Brosche – Virginia Nurses Association (VNA). No report.

Tommy East – Nursing Home Industry Representative. No report.

Megan Getter – Public Environmental Health Representative. No report.

Amy Vest – Virginia Pharmacists Association. No report.

Faye Prichard – Local Government. No report.

Dr. John Seeds – Medical Society of Virginia (MSV). No report.

Dr. Benita Miller – Virginia Dental Association (VDA). No report.

Brad Beall – Consumer Representative. No report.

Bruce Edwards – Emergency Medical Services (EMS) Representative. – He told the Board that not much new is happening in the EMS world. He indicated that the interstate compact had been approved by the General Assembly. He also mentioned the ongoing work for review and changes to improve Virginia's trauma system.

Adjourn

The meeting adjourned at approximately 2:04 p.m.